Building Permit Application

Residential and commercial construction, alteration, addition, repair, raze and move

PERMIT ISSUED BY (MUNICIPALITY)

Building inspection, plan review and code administration services provided by Driftless Inspection Group.

FOR OFFICE USE ONLY | PERMIT NO. | DATE RECEIVED | RECEIVED BY | FEE PAID

1. PERMIT(S) REQUESTED

CHECK EVERY PERMIT BEING APPLIED FOR

- ☐ Building / Construction
- ☐ Electrical
- ☐ Plumbing
- ☐ HVAC
- ☐ Erosion Control
- ☐ Razing / Demolition
- ☐ Moving
- ☐ Roofing
- ☐ Siding / Window
- ☐ Deck / Porch
- ☐ Fence
- ☐ Accessory Structure
- ☐ Sign
- ☐ Pool / Hot Tub
- ☐ Occupancy
- ☐ Other (describe below)

IF OTHER, DESCRIBE

2. PROJECT LOCATION

PROJECT / SITE ADDRESS | UNIT / SUITE | PARCEL (TAX KEY) NO.

CITY / VILLAGE / TOWN | COUNTY | ZIP | SUBDIVISION | LOT | BLOCK

ZONING DISTRICT | ZONING PERMIT / CUP NO. | LOT AREA (SQ FT) | FRONT SETBACK | REAR | LEFT | RIGHT

3. PROPERTY OWNER AND APPLICANT

OWNER NAME | DAYTIME PHONE | EMAIL

MAILING ADDRESS | CITY | STATE | ZIP

APPLICANT NAME (IF NOT THE OWNER) | PHONE | EMAIL

APPLICANT IS

- ☐ Owner
- ☐ Contractor
- ☐ Tenant
- ☐ Architect / Engineer
- ☐ Agent for Owner

4. CONTRACTORS

List every contractor performing work under this permit. Wisconsin credentials must be current; copies may be requested at issuance.

GENERAL / CONSTRUCTION CONTRACTOR	WI CREDENTIAL NO.	EXPIRES	PHONE	EMAIL

ELECTRICAL CONTRACTOR	WI CREDENTIAL NO.	EXPIRES	PHONE	EMAIL

PLUMBING CONTRACTOR	WI CREDENTIAL NO.	EXPIRES	PHONE	EMAIL

HVAC CONTRACTOR | WI CREDENTIAL NO. | EXPIRES | PHONE | EMAIL

5. SCOPE OF WORK

NATURE OF WORK

- ☐ New
- ☐ Addition
- ☐ Alteration / Remodel
- ☐ Repair
- ☐ Raze / Demolish
- ☐ Move
- ☐ Change of Use or Occupancy
- ☐ Foundation Only
- ☐ Finish / Fit-out
- ☐ Other

DESCRIBE THE WORK IN FULL (ATTACH ADDITIONAL SHEETS IF NEEDED)

ESTIMATED COST OF CONSTRUCTION (MATERIALS AND LABOR, EXCLUDING LAND) | PROPOSED START DATE | ESTIMATED COMPLETION

6. PROJECT DATA

BUILDING USE / OCCUPANCY | NO. OF DWELLING UNITS | NO. OF STORIES | BUILDING HEIGHT (FT) | BASEMENT (Y / N)

EXISTING FLOOR AREA (SQ FT) | NEW / ALTERED AREA (SQ FT) | TOTAL AREA AFTER PROJECT (SQ FT) | GARAGE / ACCESSORY (SQ FT)

BUILDING CLASSIFICATION

- ☐ One- or Two-Family Dwelling (Wis. UDC)
- ☐ Commercial / Public Building (SPS 361-366)
- ☐ Multifamily, 3 or more units
- ☐ Agricultural / Exempt
- ☐ Manufactured Home
- ☐ Accessory Structure Only

7. SITE, UTILITIES AND ZONING

SEWER ☐ Municipal sewer ☐ Private POWTS — SANITARY PERMIT NO.

WATER ☐ Municipal water ☐ On-site well — WELL PERMIT NO.

CHECK ALL THAT APPLY

- ☐ One acre or more of soil will be disturbed (ch. NR 151 applies)
- ☐ Work is in a floodplain or shoreland zone
- ☐ Wetlands are present on or near the site
- ☐ Structure was built before 1978 (ch. DHS 163 lead-safe rules)
- ☐ Right-of-way / driveway permit obtained
- ☐ Stormwater management plan approved

8. REQUIRED SUBMITTALS

- ☐ Completed and signed application
- ☐ Site / plot plan showing setbacks and structures
- ☐ Floor plans with room use and dimensions
- ☐ Elevations and wall sections
- ☐ Foundation and framing details
- ☐ Energy compliance (REScheck / COMcheck or worksheet)
- ☐ Heat loss calculation and HVAC sizing
- ☐ Truss / engineered lumber layouts and seals
- ☐ Zoning approval or zoning permit
- ☐ Sanitary permit (private on-site systems)
- ☐ Erosion control plan
- ☐ Contractor credential numbers listed above
- ☐ State (SPS 361) plan approval letter, if commercial
- ☐ Permit fee per the adopted municipal fee schedule

9. APPLICANT CERTIFICATION

I certify that all information on this application is accurate and complete, and that the work will comply with all applicable state codes, local ordinances and the conditions of this permit.

I understand that issuance of this permit creates no legal liability, express or implied, on the municipality, its inspection agency or the State of Wisconsin, and that a permit issued on inaccurate information may be suspended or revoked.

I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises at all reasonable hours and for any proper purpose to inspect the work being done.

SIGNATURE OF APPLICANT / AUTHORIZED AGENT	PRINT NAME	TITLE	DATE

SUBMIT THE COMPLETED APPLICATION TO:

EMAIL	PHONE	MAILING ADDRESS / DROP-OFF

FOR OFFICE USE ONLY · PERMIT ISSUANCE

PLAN REVIEW FEE	INSPECTION FEE	OTHER / SURCHARGE	TOTAL FEE DUE

PERMITS ISSUED

☐ Building ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Erosion Control ☐ Other

CONDITIONS OF APPROVAL

PERMIT ISSUED BY (INSPECTOR)	CERTIFICATION NO.	DATE ISSUED	PERMIT EXPIRES	PHONE / EMAIL

This permit is issued subject to the conditions stated above. Failure to comply may result in suspension or revocation of the permit or other penalty. Work must begin within six months of issuance unless the municipal ordinance provides otherwise.