

APPLICANT- PLEASE DO NOT SEPARATE THIS FORM. Your copy will be returned to you with your permit.

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|--------------------------|---|--|--------------------------|---------|----|-----|------|-------|-------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| JOHNSON INSPECTION LLC PO Box 127 Arena, WI 53503 Phone: 608-444-0372 johnsoninspection@gmail.com | | <h2 style="margin:0;">UNIFORM APPLICATION</h2> <h3 style="margin:0;">BUILDING PERMIT</h3> <p style="margin:0; font-size: small;">Wisconsin Statutes 101.63, 101.73 The information you provide may be used by other government agency programs. [(Privacy Law, S. 15.04 (1)(m))]</p> | | | Permit No. _____ Project Description: _____ | | | | | | | | | | | | | | | | | | | | | |
| PERMIT REQUESTED | | <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner's Name: _____ | | Mailing Address: _____ | | Tel. _____ | | | | | | | | | | | | | | | | | | | | | | |
| Contractor Name & Type | | Lic/Cert# | Mailing Address | Tel. & Fax | | | | | | | | | | | | | | | | | | | | | | |
| Dwelling Contractor (Constr.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dwelling Contr. Qualifier | | The Dwelling Contractor Qualifier shall be an Owner, CEO, COB or Employee of the Dwelling Contractor | | | | | | | | | | | | | | | | | | | | | | | | |
| HVAC Contractor's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical Contractor's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plumbing Contractor's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROJECT LOCATION | | Lot area _____ Sq. ft. One acre or more of soil will be disturbed _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Address: _____ | | Subdivision Name: _____ | | Lot No. _____ Block No. _____ | | | | | | | | | | | | | | | | | | | | | | |
| Zoning District(s) _____ | | Zoning Permit No. _____ | Setbacks: | Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft. | | | | | | | | | | | | | | | | | | | | | | |
| 1. PROJECT | | 3. OCCUPANCY | | 6. ELECTRICAL | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Other: _____ <input type="checkbox"/> Move | | <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____ | | Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead | | | | | | | | | | | | | | | | | | | | | | |
| 2. AREA INVOLVED | | 4. CONST. TYPE | | 7. WALLS | | | | | | | | | | | | | | | | | | | | | | |
| Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft Total _____ Sq Ft | | <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD | | <input type="checkbox"/> Wood Frame <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | |
| | | 5. STORIES | | 8. USE | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement | | <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 9. HVAC EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 10. SEWER | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____ | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 11. WATER | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 12. ENERGY SOURCE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | Fuel | Nat Gas | LP | Oil | Elec | Solid | Solar | Space Htg | <input type="checkbox"/> | Water Htg | <input type="checkbox"/> |
| Fuel | Nat Gas | LP | Oil | Elec | Solid | Solar | | | | | | | | | | | | | | | | | | | | |
| Space Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Water Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| | | | | 13. HEAT LOSS | | | | | | | | | | | | | | | | | | | | | | |
| | | | | _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report) | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 14. EST. BUILDING COST w/o LAND | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT'S SIGNATURE _____ | | | | DATE SIGNED _____ | | | | | | | | | | | | | | | | | | | | | | |
| APPROVAL CONDITIONS | | This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval. | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ISSUING JURISDICTION | | <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State | | State Contracted Inspection Agency# _____ Municipality Number of Dwelling Location _____ | | | | | | | | | | | | | | | | | | | | | | |
| FEES: | | INSPECTIONS REQUIRED | | WI PERMIT SEAL # | | | | | | | | | | | | | | | | | | | | | | |
| Plan Review \$ _____ Inspection \$ _____ WI Seal \$ _____ Other \$ _____ TOTAL \$ _____ | | <input type="checkbox"/> Footing <input type="checkbox"/> Underfloor Plumbing/test <input type="checkbox"/> Foundation <input type="checkbox"/> OS Sewer Lateral/test <input type="checkbox"/> Rough Construction <input type="checkbox"/> Electric Service <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Insulation <input type="checkbox"/> Rough HVAC <input type="checkbox"/> Final <input type="checkbox"/> Rough Plumbing/test | | _____ Name _____ Date _____ Tel. _____ Cert No. _____ | | | | | | | | | | | | | | | | | | | | | | |
| RECEIPT: | | Check #: _____ From: _____ Rec'd by: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | |