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

**JOHNSON INSPECTION LLC**
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**Arena, WI 53503**
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# UNIFORM APPLICATION
## BUILDING PERMIT

**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)]**

Permit No.

Project Description:

**PERMIT REQUESTED** ☐Construction ☐HVAC ☐Electric ☐Plumbing ☐Erosion Control ☐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**
☐ New
☐ Alteration ☐ Repair
☐ Addition ☐ Raze
☐ Other: ☐ Move

**2. AREA INVOLVED**
Bsmt _____ Sq Ft
Living Area _____ Sq Ft
Garage _____ Sq Ft
Other _____ Sq Ft
**Total** _____ Sq Ft

**3. OCCUPANCY**
☐ Single Family
☐ Two Family
☐ Commercial
☐ Garage
☐ Other:

**4. CONST. TYPE**
☐ Site-Built
☐ Mfd: ☐ WI UDC
☐ U.S. HUD

**5. STORIES**
☐ 1-Story
☐ 2-Story
☐ Other:
☐ Plus Basement

**6. ELECTRICAL**
Entrance Panel
Amps: _____
☐ Underground
☐ Overhead

**7. WALLS**
☐ Wood Frame
☐ Timber/Pole
☐ Steel ☐ ICF
☐ Other:

**8. USE**
☐ Seasonal
☐ Permanent
☐ Other:

**9. HVAC EQUIPMENT**
☐ Forced Air Furnace
☐ Radiant Baseboard/Panel
☐ Heat Pump
☐ Boiler
☐ Central Air Cond.
☐ Fireplace
☐ Other:

**10. SEWER**
☐ Municipal
☐ Sanitary Permit No.:

**11. WATER**
☐ Municipal Utility
☐ Private On-Site Well

**12. ENERGY SOURCE**

| Fuel | Nat Gas | LP | Oil | Elec | Solid | Solar |
|---|---|---|---|---|---|---|
| Space Htg | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Water Htg | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**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. ☐ **See attached for conditions of approval.**

**ISSUING JURISDICTION** ☐ Town of ☐ Village of ☐ City of ☐ County of ☐ State | State Contracted Inspection Agency# | Municipality Number of Dwelling Location ____ ____ - ____ ____ ____

| FEES: | INSPECTIONS REQUIRED | WI PERMIT SEAL # | PERMIT ISSUED BY: |
|---|---|---|---|
| Plan Review $ _____ | ☐Footing ☐Underfloor Plumbing/test | | Name _____ |
| Inspection $ _____ | ☐Foundation ☐OS Sewer Lateral/test | | Date_____ Tel. _____ |
| WI Seal $ _____ | ☐Rough Construction ☐Electric Service | | Cert No. _____ |
| Other $ _____ | ☐Rough Electrical ☐Insulation | | |
| **TOTAL $** _____ | ☐Rough HVAC ☐Final | | |
| | ☐Rough Plumbing/test | | |

**RECEIPT:** Check #:_____ From: _____ Rec'd by:_____ Date: _____

Distribution ☐White: File ☐Yellow: Department of Commerce ☐Pink: Municipality ☐Gold: Applicant Rev. 11-08