



# PERMIT APPLICATION

11011 BRIGHAM AVE., P.O. BOX 189  
BLUE MOUNDS, WI 53517-0189

Application No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

**PERMIT REQUESTED**     Constr     HVAC     Elec     Plbg     Erosion    Other: \_\_\_\_\_

Owner's Name	Mailing Address	Tel.
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX
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		Tel.
		FAX
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX

**PROJECT LOCATION**    Lot area \_\_\_\_\_ Sq. ft.    of Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E (or) W \_\_\_\_\_

Building Address \_\_\_\_\_    Subdivision Name \_\_\_\_\_    Lot No. \_\_\_\_\_    Block No. \_\_\_\_\_

Zoning District(s) \_\_\_\_\_    Zoning Permit No. \_\_\_\_\_    Setbacks:    Front \_\_\_\_\_ ft.    Rear \_\_\_\_\_ ft.    Left \_\_\_\_\_ ft.    Right \_\_\_\_\_ ft.

<b>1. PROJECT</b>	<b>3. OCCUPANCY</b>	<b>6. ELECTRICAL</b>	<b>9. HVAC EQUIPMENT</b>	<b>12. ENERGY SOURCE</b>						
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
		<b>7. FOUNDATION</b>		Space Htg						
		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		Water Htg						
<b>2. AREA INVOLVED</b>	<b>4. CONST. TYPE</b>		<b>10. SEWER</b>	<input type="checkbox"/> Dwelling unit has 3 kilowatt or more electric space heating equip. Infiltration control option is <input type="checkbox"/> Sealing of all joints <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior air infiltration barrier						
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living _____ Sq Ft Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> UDC <input type="checkbox"/> HUD <b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:  <input type="checkbox"/> Plus Basement	<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic Permit No.:	Envelope _____	BTU/HR					
			<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	Infiltration _____	BTU/HR					
				<b>14. EST. BUILDING COST</b>						
				\$ _____						

I agree to comply with 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 I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the pink 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.

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<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>PERMIT ISSUED BY:</b>
Plan Review    \$ _____	<input type="checkbox"/> Construction	Name _____
Inspection    \$ _____	<input type="checkbox"/> HVAC	Date _____
Wis. Permit Seal    \$ _____	<input type="checkbox"/> Electrical	Cert No. _____
Other    \$ _____	<input type="checkbox"/> Plumbing	
Total    \$ _____	<input type="checkbox"/> Erosion	