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

TOTAL INSPECTION SERVICES **Mr. Scott Jelle** **131 Tyvand Road** **Blanchardville, WI 53516** **(608) 963-0652** **totalinspectionservices@gmail.com**	**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 Mineral Point, WI	State Contracted Inspection Agency#	Municipality Number of Dwelling Location ___ ___ - ___ ___ ___

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

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

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