

OF _____

County of _____, Wisconsin

BUILDING PERMIT APPLICATION

Name of Department Issuing Building Permits _____

IMPORTANT - Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING	Number and street	Subdivision	Lot	Block	Census tract
	N S		N S		
	E W side of _____; _____ feet		E W from intersection of _____		

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT <input type="checkbox"/> 1 New building <input type="checkbox"/> 2 Addition (If residential, enter number of new housing units added, if any, in Part D, 13) <input type="checkbox"/> 3 Alteration (See 2 above) <input type="checkbox"/> 4 Repair, replacement <input type="checkbox"/> 5 Wrecking (If multifamily residential, enter number of units in building in Part D, 13) <input type="checkbox"/> 6 Moving (relocation) <input type="checkbox"/> 7 Foundation only		D. PROPOSED USE - For "Wrecking" most recent use <table border="0"> <tr> <td>Residential</td> <td>Non residential</td> </tr> <tr> <td><input type="checkbox"/> 12 One family</td> <td><input type="checkbox"/> 18 Amusement, recreational</td> </tr> <tr> <td><input type="checkbox"/> 13 Two or more family - Enter number of units _____</td> <td><input type="checkbox"/> 19 Church, other religious</td> </tr> <tr> <td><input type="checkbox"/> 14 Transient hotel, motel, or dormitory - Enter number of units _____</td> <td><input type="checkbox"/> 20 Industrial</td> </tr> <tr> <td><input type="checkbox"/> 15 Garage</td> <td><input type="checkbox"/> 21 Parking garage</td> </tr> <tr> <td><input type="checkbox"/> 16 Carport</td> <td><input type="checkbox"/> 22 Service station, repair garage</td> </tr> <tr> <td><input type="checkbox"/> 17 Other - Specify _____</td> <td><input type="checkbox"/> 23 Hospital, institutional</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 24 Office, bank, professional</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 25 Public utility</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 26 School, library, other educational</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 27 Stores, mercantile</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 28 Tanks, towers</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 29 Other - Specify _____</td> </tr> </table>		Residential	Non residential	<input type="checkbox"/> 12 One family	<input type="checkbox"/> 18 Amusement, recreational	<input type="checkbox"/> 13 Two or more family - Enter number of units _____	<input type="checkbox"/> 19 Church, other religious	<input type="checkbox"/> 14 Transient hotel, motel, or dormitory - Enter number of units _____	<input type="checkbox"/> 20 Industrial	<input type="checkbox"/> 15 Garage	<input type="checkbox"/> 21 Parking garage	<input type="checkbox"/> 16 Carport	<input type="checkbox"/> 22 Service station, repair garage	<input type="checkbox"/> 17 Other - Specify _____	<input type="checkbox"/> 23 Hospital, institutional		<input type="checkbox"/> 24 Office, bank, professional		<input type="checkbox"/> 25 Public utility		<input type="checkbox"/> 26 School, library, other educational		<input type="checkbox"/> 27 Stores, mercantile		<input type="checkbox"/> 28 Tanks, towers		<input type="checkbox"/> 29 Other - Specify _____
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B. OWNERSHIP <input type="checkbox"/> 8 Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> 9 Public (Federal, State, or local government)																													
C. COST 10. Cost of improvement \$ _____ To be installed but not included in the above cost a. Electrical b. Plumbing c. Heating, air conditioning d. Other (elevator, etc.) 11. TOTAL COST OF IMPROVEMENT \$ _____		(Omit cents) Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.																											

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part I, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME <input type="checkbox"/> 30 Masonry (wall bearing) <input type="checkbox"/> 31 Wood frame <input type="checkbox"/> 32 Structural steel <input type="checkbox"/> 33 Reinforced concrete <input type="checkbox"/> 34 Other - Specify _____		G. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> 40 Public or private company <input type="checkbox"/> 41 Individual (septic tank, etc.)		J. DIMENSIONS 48. Number of stories 49. Total square feet of floor area, all floors, based on exterior dimensions 50. Total land area, sq. ft.	
		H. TYPE OF WATER SUPPLY <input type="checkbox"/> 42 Public or private company <input type="checkbox"/> 43 Individual (well, cistern)		K. NUMBER OF OFF-STREET PARKING SPACES 51. Enclosed 52. Outdoors	
F. PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> 35 Gas <input type="checkbox"/> 36 Oil <input type="checkbox"/> 37 Electricity <input type="checkbox"/> 38 Coal <input type="checkbox"/> 39 Other - Specify _____		I. TYPE OF MECHANICAL Will there be central air conditioning? <input type="checkbox"/> 44 Yes <input type="checkbox"/> 45 No Will there be an elevator? <input type="checkbox"/> 46 Yes <input type="checkbox"/> 47 No		L. RESIDENTIAL BUILDINGS ONLY 53. Number of bedrooms 54. Number of bathrooms (Full Partial)	

IV. IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - Number, street, city and State	ZIP code	Tel. No.
1. Owner				
2. Contractor				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of (name of permit jurisdiction).

Signature of applicant	Address	Application date
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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

Approved by	Permit fee \$	Date permit issued	Permit number
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Dennis Thompson - Building Inspector 715/239-6724