

920-495-1863 DOOR COUNTY INSPECTIONS LLC	<h1 style="margin:0;">WI UNIFORM PERMIT APPLICATION</h1> <p style="margin:0; font-size:small;">Inspections need to be called in by 4 pm for next business day inspections.</p>	PERMIT NO. TAXKEY#																					
ISSUING MUNICIPALITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	PROJECT LOCATION (Building Address) PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																						
Owner's Name _____		Mailing Address - Include City & Zip _____																					
Construction Contractor (DC Lic.No.) _____		Telephone - Include Area Code _____																					
Dwelling Contractor Qualifier (DCQ Lic.No.) _____		Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor																					
Plumbing Contractor (Lic.No.) _____		Telephone - Include Area Code _____																					
Electrical Contractor (Lic.No.) _____		Telephone - Include Area Code _____																					
HVAC Contractor (Lic.No.) _____		Telephone - Include Area Code _____																					
PROJECT INFORMATION		Subdivision Name _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____																					
	Setbacks	Front _____ Ft. Rear _____ Ft.																					
		Left _____ Ft. Right _____ Ft.																					
1a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	6. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____																					
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
2. AREA Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	5. ELECTRICAL Entrance Panel Size: _____ amp Service: ___New___Rewire ____Phase _____Volts ___Underground ___Overhead Power Company: _____	8. USE <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 or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____																					
		10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																					
		11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
		<table border="1" style="width:100%; border-collapse: collapse; font-size:small;"> <tr> <th style="width:10%;">Fuel</th> <th style="width:10%;">Nat. Gas</th> <th style="width:10%;">L.P.</th> <th style="width:10%;">Oil</th> <th style="width:10%;">Elec. *</th> <th style="width:10%;">Solid</th> <th style="width:10%;">Solar</th> </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> <p>* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.</p>	Fuel	Nat. Gas	L.P.	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"/>
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		12. ENERGY SOURCE 13. HEAT LOSS (Calculated) Total _____ BTU//HR																					
		14. ESTIMATED COST \$ _____																					
<p>I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this 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 Notice to Permit Applicants form. 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.</p> <p><input type="checkbox"/> 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 Notice to Permit Applicants form.</p>																							
APPLICANT (PRINT): _____		SIGN: _____																					
		DATE: _____																					
APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.																							
INSPECTIONS NEEDED Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final																							
FEES:	PERMIT(S) ISSUED	SEAL NO. _____ Municipality No. _____ - _____																					
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">RECEIPT</th> <th style="width:25%;">PERMIT EXPIRATION:</th> <th style="width:25%;">PERMIT ISSUED BY MUNICIPAL AGENT:</th> </tr> <tr> <td>CK # _____</td> <td rowspan="4">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> <td>Name _____</td> </tr> <tr> <td>Amount \$ _____</td> <td>Date _____</td> </tr> <tr> <td>Date _____</td> <td>Certification No. _____</td> </tr> <tr> <td>From _____</td> <td></td> </tr> <tr> <td>Rec By. _____</td> <td></td> <td></td> </tr> </table>	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____	Amount \$ _____	Date _____	Date _____	Certification No. _____	From _____		Rec By. _____								
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