

Building, Zoning and Assessment Consultants, LLC P.O. Box 506 Delavan, WI 53115 (262) 728-2600	<h1 style="margin: 0;">BUILDING</h1> <h2 style="margin: 0;">PERMIT APPLICATION</h2>	PERMIT NO. TAX KEY #
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
	OF _____	PROJECT DESCRIPTION	

Owner's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
Construction Contractor (Lic. No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
Electrical Contractor (Lic. No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
Plumbing Contractor (Lic. No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
HVAC Contractor (Lic. No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code

PROJECT INFORMATION		_____ 1/4, _____ 1/4, SECTION _____, T _____ N,R _____ E(or)W																												
		Subdivision Name			Lot No.	Block No.																								
Zoning District	Lot Area Sq. Ft.	N.S.E.W. Setbacks	Front Ft.	Rear Ft.	Left Ft.	Right Ft.																								
1a. PROJECT		3. TYPE		6. ELECTRICAL		9. HVAC EQUIPMENT		12. ENERGY SOURCE																						
<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 _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Other _____		Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<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 _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat. Gas</td> <td>L.P.</td> <td>Oil</td> <td>Elec. *</td> <td>Solid</td> <td>Solar</td> </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>		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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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
1b. GARAGE		4. CONST. TYPE		7. FOUNDATION		10. PLUMBING		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equip. Infiltration control option is: <input type="checkbox"/> Full sealing of joints. <input type="checkbox"/> Blower door test, <input type="checkbox"/> Exterior air infiltration barrier.																						
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____																								
2. AREA		5. STORIES		8. USE		11. WATER		13. HEAT LOSS (Calculated)																						
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		<input type="checkbox"/> 1 - Story <input type="checkbox"/> 2 - Story <input type="checkbox"/> Other _____		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Envelope _____ BTU/HR Infiltration _____ BTU/HR																						
								14. ESTIMATED COST																						
								\$ _____																						

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate

SIGNATURE OF APPLICANT _____ **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.

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FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. _____
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Outside Sewer _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____ O.S. # _____	RECEIPT	PERMIT ISSUED BY MUNICIPAL AGENT:
		CK # _____ Date _____ From _____ Rec By _____	Name _____ Date _____ Certification No. _____