

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73		Wisconsin Uniform Building Permit Application				Application No.	
		Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]				Parcel No.	
PERMIT REQUESTED		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:					
Owner's Name		Mailing Address				Tel.	
Contractor Name & Type		Lic/Cert#		Mailing Address		Tel. & Fax	
Dwelling Contractor (Constr.) must list builder or self							
Dwelling Contr. Qualifier				The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.			
HVAC							
Electrical							
Plumbing							
PROJECT LOCATION	Lot area	<input type="checkbox"/> One acre or more of soil will be disturbed		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of Liberty		1/4, 1/4, of Section , T. 22 N, R. 15 E/W	
Building Address Same		County Outagamie		Subdivision Name		Lot No.	Block No.
Zoning District(s)		Zoning Permit No.		Setbacks:	Front	Rear	Left
					ft.	ft.	ft.
1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.	
<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"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		12. ENERGY SOURCE	
Size	Unit 1	Unit 2	Total	<input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		Fuel Nat Gas LP Oil Elec Solid Solar Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Unfin. Bsmt				<input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Living Area				5. STORIES		10. SEWER	
Garage				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	
Deck/ Porch				<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		11. WATER	
Totals				<input type="checkbox"/> Plus Basement		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	
						14. EST. BUILDING COST w/o LAND must have a listed value	
						\$	
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this 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 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. <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 reverse side of the last ply of this form.							
APPLICANT sign _____ (Print:)				DATE _____			
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. <input type="checkbox"/> See attached for conditions of approval.					
ISSUING JURISDICTION		<input checked="" type="checkbox"/> Town of <input type="checkbox"/> County of <input type="checkbox"/> State → Liberty Outagamie			State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location _____ - _____
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control				Name Larry Preuss	
Inspection	\$ _____					Date _____ Tel. _____	
Wis. Permit Seal	\$ _____					Cert No. _____	
Remodel	\$ _____						
Total	\$ _____						