

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

TOTAL INSPECTION SERVICES Mr. Scott Jelle 131 High Bend Road Blanchardville, WI 53516 (608) 963-0652 totalinspectionsservices@gmail.com		UNIFORM APPLICATION BUILDING PERMIT		Permit No. _____					
		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))]		Project Description: _____					
PERMIT REQUESTED		<input type="checkbox"/> Construction <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.) _____		_____		_____		_____			
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		3. OCCUPANCY		6. ELECTRICAL		9. HVAC EQUIPMENT		12. ENERGY SOURCE	
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Other: <input type="checkbox"/> Move		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other:		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:		Fuel Nat Gas LP Oil Elec Solid Solar Space Htg _____ Water Htg _____	
2. AREA INVOLVED		4. CONST. TYPE		7. WALLS		10. SEWER		13. HEAT LOSS	
Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft Total _____ Sq Ft		<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)	
		5. STORIES		8. USE		11. WATER		14. EST. BUILDING COST w/o LAND	
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		\$ _____	
<p>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.</p> <p>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.</p>									
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. <input type="checkbox"/> See attached for conditions of approval.					
ISSUING JURISDICTION		<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State			State Contracted Inspection Agency# _____		Municipality Number of Dwelling Location _____		
Mineral Point, WI									
FEES:		INSPECTIONS REQUIRED				WI PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review \$ _____		<input type="checkbox"/> Footing <input type="checkbox"/> Underfloor Plumbing/test <input type="checkbox"/> Foundation <input type="checkbox"/> OS Sewer Lateral/test <input type="checkbox"/> Rough Construction <input type="checkbox"/> Electric Service <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Insulation <input type="checkbox"/> Rough HVAC <input type="checkbox"/> Final <input type="checkbox"/> Rough Plumbing/test				_____		Name _____	
Inspection \$ _____		Date _____ Tel. _____							
WI Seal \$ _____		Cert No. _____							
Other \$ _____									
TOTAL \$ _____									
RECEIPT:		Check #: _____ From: _____				Rec'd by: _____ Date: _____			