



**SPS INSPECTION SERVICE LLC**  
**BUILDING@TOWNOFVINLANDWI.GOV**  
**920-266-9611**

## APPLICATION FOR ROOFING, SIDING, WINDOWS/DOORS PERMIT

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ PARCEL NO: \_\_\_\_\_

OCCUPANCY: ☐ 1 & 2 FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL ☐ INSTITUTIONAL ☐ ACCESSORY

PROJECT COST: \$ \_\_\_\_\_

**Please complete the applicable sections below:**

### Roofing:

Tear off	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Sheathing (replace)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Size: _____
Ice & water shield	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Roof Vent(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number: _____
Ridge Vent	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Shingle warranty	<input type="checkbox"/> 25	<input type="checkbox"/> 30	Other: _____

### Siding:

Tear off existing siding	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Tyvek/House wrap	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
½" r-board	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
¼" r-board	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Siding type	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Other:	_____
Alum soffit & fascia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Trim windows/doors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

**ROOFING, SIDING WINDOWS/DOORS PERMIT**

**Windows & Doors:**

Total number of windows \_\_\_\_\_

<u>Location:</u>	<u>Number:</u>	<u>Type:</u>				
Living	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Kitchen	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Dining	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Bedroom	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Bath	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Basement	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____

Number of entrance doors \_\_\_\_\_ Storms/screens: ☐ No ☐ Yes

Number of patio doors \_\_\_\_\_

Will all replacement windows/doors fit the existing openings: ☐ No ☐ Yes

If no, please attach a list including window location(s) and if the replacement will be smaller or larger than the existing opening.

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**Cautionary Statement to Owners Obtaining Building Permits**

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

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In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the municipality having jurisdiction.

NAME OF CONTRACTOR/INSTALLER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DWELLING CONTRACTOR LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DWELLING CONTRACTOR QUALIFIER #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CONTRACTOR/APPLICANT'S SIGNATURE: \_\_\_\_\_