

Submit to non-enforcing municipalities for new 1- and 2- family dwellings

WISCONSIN ADMINISTRATIVE BUILDING
PERMIT APPLICATION
 (Wis. Stats. 101.63 (7) & 101.65 (3))

State of Wisconsin
 Safety and Buildings
 Division

Personal information you provide may be used for secondary purposes. [Privacy Law 15.04(1)(m)]

PERMIT APPLICANT						
Last Name		First Name		Middle Initial		
Street Address						
City		State	Zip Code	Telephone No. (Include area code)		
PROJECT LOCATION						
Building Address			Subdivision Name		Lot #	Block #
Legal Description ___ 1/4, ___ 1/4, Section ___ T ___ N, R ___ E or W				Parcel No.		
1. PROJECT TYPE		2. PROJECT HVAC EQUIPMENT				
<input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler	<input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Central AC		<input type="checkbox"/> Heat Pump <input type="checkbox"/> Other:	
3. PROJECT ENERGY SOURCE			Nat. Gas	L.P.	Oil	Elect.
Space Heating			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PROJECT CONSTRUCTION TYPE			5. PROJECT FOUNDATION			
<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured			<input type="checkbox"/> Concrete <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Masonry		<input type="checkbox"/> Treated Wood
6. PROJECT AREA			7. ESTIMATED PROJECT BUILDING COST			
Living area = _____			Square Feet	\$ _____		
<p>I vouch that all the above information is correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the municipality, but that the Uniform Dwelling Code, Chapters Comm/ILHR 20-25, still applies to all new 1- and 2-family dwellings and must be complied with. I understand that the issuance of this permit does not relieve me of compliance with other applicable codes and ordinances.</p>						
Applicant's Signature _____				Date Signed _____		
MUST BE COMPLETED BY THE MUNICIPALITY BEFORE FORWARDING PINK PLY TO THE STATE DIVISION OF SAFETY AND BUILDINGS						
ISSUING JURISDICTION:		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County of:				
MUNICIPALITY NUMBER: <small>of Dwelling Location</small>		# _____ - _____			FEES: _____	
PERMIT ISSUED BY:				DATE ISSUED:		

White - Issuing Jurisdiction Pink - State Within 30 Days Yellow - Applicant