Inspector Rob 920-382-6202	Town of Erin, Washington County UNIFORM BUILDING PERMIT APPLICATION	Permit No. Parcel No.

PERMIT REQUESTED □ Constr. □ HVAC □ Electric □ Plumbing □ Erosion Control □ Other:

Owner's Name:	Mailing Address:		Tel:
Contractor's Name (Construction):	Lic/Cert#:	Mailing Address:	Tel: Fax:
Contractor's Name (electrician):	Lic/Cert#:	Mailing Address:	Tel: Fax:
Contractor's Name (plumber):	Lic/Cert#:	Mailing Address:	Tel: Fax:
Contractor's Name (HVAC):	Lic/Cert#:	Mailing Address:	Tel: Fax:

Project Description:	Lot area: Sq. ft.	1/4, 1/4, of Section ,T N, R E (or) W
Building Address:	Subdivision Name:	Lot No.: Block No.:
Zoning District(s):	Zoning Permit No.:	**Setbacks:** Front: ft. Rear: ft. Left: ft. Right: ft.

1. PROJECT
□ New □ Repair
□ Alteration □ Raze
□ Addition □ Move
□ Other

2. AREA INVOLVED

Bsmt.	sq ft
Living Area	sq.ft
Garage	sq.ft.
Decks	sq.ft.
Other	sq.ft.
Total	**sq.ft**

3. OCCUPANCY
□Single Family
□ Two Family
□ Garage
□ Other:

4. CONST. TYPE
□ Site-Built
□ Mfd: □WI UDC
□ U.S. HUD

5. STORIES
□ 1-Story
□ 2-Story
□ Other:
□ Plus Basement

6. ELECTRICAL
Entrance Panel Amps:
□ Underground
□ Overhead

7. FOUNDATION
□ Concrete
□Masonry
□Treated Wood
□ Other:

8. USE
□ Seasonal
□ Permanent
□ Other:

9. HVAC EQUIPMENT
□ Forced Air Furnace
□ Radiant Basebd/ Panel
□ Heat Pump
□ Boiler
□ Central Air Cond.
□ Other:

10. SEWER
□ Municipal
□ Sanitary Permit No.:

11. WATER
□ Municipal Utility
□ Private On-Site Well

12. ENERGY SOURCE

Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
Space Htg	□	□	□	□	□	□
Water Htg	□	□	□	□	□	□

□ Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.

13. HEAT LOSS
_____BTU/HR Total Calculated. Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)

14. EST. BUILDING COST
$

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, expressed or implied, on the state, municipality, inspection agency or inspector; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. 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 that is being done.

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..

ISSUING JURISDICTION □Town of □ Village of □ City of □ County of □ State Insp. Agency #: **Erin**

Municipality Number of Dwelling Location **66006**

FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Permits	$	□ Construction □ HVAC □ Electrical □ Plumbing □ Erosion Control		Name Date Phone Cert No.
Bonds	$			
Wis. Permit Seal	$			
Zoning/Hwy.	$			
Other;	$			
Total	$			

CHECK #: _____ **FROM:** _____ **DATE:** _____