



KUNKEL
ENGINEERING GROUP
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**WISCONSIN UNIFORM BUILDING
PERMIT APPLICATION**
Village of Neosho
P.O. Box 178
Neosho, Wisconsin 53059

Permit No. _____
Project Description: _____

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

Owner's Name	Mailing Address	Tel.
Contractor's Name & Type	Lic/Cert #	Mailing Address
Contractor (Construction)		
Dwelling Contr. Qualifier	The Dwelling Constr. Qualifier shall be an Owner, CEO, COB or employee of the Dwelling Contractor.	
HVAC		
Electrical		
Plumbing		

DHS Lead Renovator Cert. No: _____ Exp. Date _____ DHS Lead Company Cert. No. _____ Exp. Date _____
(If structure was built prior to 1978)

PROJECT LOCATION Lot Area _____ One acre or more of soil
Sq. Ft. will be disturbed _____ 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	Rear	Left	Right
	ft.	ft.	ft.	ft.

1. PROJECT <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	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRIC Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	9. HVAC EQUIP. <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebrd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____	11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	12. ENERGY SOURCE 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"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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 \$ _____
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The applicant agrees to comply with the Municipal Ordinance and with conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

Email to send Issued permit to. _____

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. See attached for conditions of approval.

INSPECTIONS NEEDED: **Building:** Footing Rough Insulation Basement Flr Final
Electric: Rough Service Final **Plumbing:** Rough Underfloor Final **HVAC:** Rough Final

FEES:	PERMIT(S) ISSUED	WI PERMIT SEAL NO.	PERMIT ISSUED BY:
Building: \$ _____ Electrical \$ _____ HVAC: \$ _____ Plumbing \$ _____ WI Permit Seal: \$ _____ Zoning: \$ _____ Other: \$ _____ Total \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:	RECEIPT Ck #: _____ Amount: _____ Date: _____ From: _____ Rec By: _____	Name: _____ Date: _____ Tel. _____ Cert No. _____