

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

FENLEY TOTAL INSPECTIONS 322 9th Street Mineral Point, WI 53565 608-963-0652		UNIFORM APPLICATION				Permit No. _____																						
		BUILDING PERMIT				Project Description:																						
		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))]																										
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:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg							Water Htg						
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		\$ _____																					