

KUNKEL ENGINEERING GROUP (920) 356-9447 (920) 382-6202 (mobile)	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION Village of Reeseville 206 S Main Street Reeseville, Wisconsin 53579	Permit No. _____ Project Description: _____
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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: (If structure was built prior to 1978)	Exp. Date	DHS Lead Company Cert. No.	Exp. Date
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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

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 <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: _____	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: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">12. ENERGY SOURCE</td> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <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.)	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"/>	<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"/>					
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2. AREA INVOLVED (sq. ft.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> <tr> <td>Unfin.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </table>		Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck				Totals				4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. - WI UDC <input type="checkbox"/> Mfd. - US HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <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	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** _____

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: \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____	RECEIPT Ck #: _____ Amount: _____ Date: _____ From: _____ Rec By: _____	Name: _____
Plumbing: \$ _____			Date: _____ Tel. _____
HVAC: \$ _____			Cert No. _____
Electrical: \$ _____			
WI Permit Seal: \$ _____			
Zoning: \$ _____			
Other: \$ _____			
Total \$ _____			