

<b>920-495-1863</b> <b>DOOR COUNTY</b> <b>INSPECTIONS LLC</b>	<h2 style="margin:0;">WI UNIFORM PERMIT APPLICATION</h2> <p style="margin:0; font-size: small;">Inspections need to be called in by 4 pm for next business day inspections.</p>	<b>PERMIT NO.</b>  <b>TAXKEY#</b>																						
<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	<b>PROJECT LOCATION</b> (Building Address)  <b>PROJECT DESCRIPTION</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																						
Owner's Name _____		Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
Construction Contractor (DC Lic No.) _____		Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
Dwelling Contractor Qualifier (DCQ Lic No.) _____		Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor																						
Plumbing Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
Electrical Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
HVAC Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
<b>PROJECT INFORMATION</b>		Subdivision Name _____	Lot No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. <b>Setbacks</b>	Block No. _____																					
		Front _____ Ft.	Right _____ Ft.																					
		Rear _____ Ft.	Left _____ Ft.																					
<b>1a. PROJECT</b>	<b>3. TYPE</b>	<b>6. STORIES</b>	<b>9. HVAC EQUIPMENT</b>																					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move  <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____																					
<b>1b. GARAGE</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>12. ENERGY SOURCE</b>																					
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <th>Fuel</th> <th>Nat. Gas</th> <th>L.P.</th> <th>Oil</th> <th>Elec. *</th> <th>Solid</th> <th>Solar</th> </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> </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> </tr> </table> <p>* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.</p>	Fuel	Nat. Gas	L.P.	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"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<b>2. AREA</b>	<b>5. ELECTRICAL</b>	<b>8. USE</b>	<b>10. PLUMBING</b>																					
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. <b>TOTAL</b> _____	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> New <input type="checkbox"/> Rewire  ____ Phase _____ Volts ____ Underground ____ Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
		<b>13. HEAT LOSS (Calculated)</b>	<b>14. ESTIMATED COST</b>																					
		Total _____ BTU//HR	\$ _____																					
<p>I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. 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 which is being done.</p> <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.																								
<b>APPLICANT (PRINT):</b> _____		<b>SIGN:</b> _____	<b>DATE:</b> _____																					
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.																								
<b>INSPECTIONS NEEDED</b> <b>Building</b> <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final <b>Electric</b> <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final <b>Plumbing</b> <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final <b>HVAC</b> <input type="checkbox"/> Rough <input type="checkbox"/> Final																								
<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	SEAL NO. _____	Municipality No. _____																					
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<b>RECEIPT</b> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	<b>PERMIT EXPIRATION:</b> Permit expires two years from date issued unless municipal ordinance is more restrictive.																					
<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> Name _____ Date _____ Certification No. _____																								