

FOR INSPECTIONS CALL:		GENERAL BUILDING PERMIT APPLICATION				PERMIT #	
		GENERAL ENGINEERING COMPANY OFFICE: (608) 745-4070 FAX: (608) 745-5763				EXPIRATION DATE:	
Parcel Number:		Property is Located in <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of				Municipality Number	
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)		Does this project require any additional approvals or permits? <input type="checkbox"/> yes <input type="checkbox"/> no					
Building Project Address:					Finished Project Value \$		
Zoning District(s)	Zoning Permit No.:	Corner Lot <input type="checkbox"/> yes <input type="checkbox"/> no	Bldg. Height Ft.	Setbacks:	Front:	Rear:	Left: Right:
Owner's Name(s)		Mailing Address				Telephone	
						Email	
Contractor Name & Type		Licen. Cert. #	Exp. Date	Mailing Address		Telephone & Email	
Construction Contractor						Tel. Email	
Dwelling Contractor Qualifier		The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.				Tel. Email	
HVAC Contractor						Tel. Email	
Electrical Contractor						Tel. Email	
Master Electrician						Tel. Email	
Plumbing Contractor						Tel. Email	
RESIDENTIAL Single Family/Duplex	Additions: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control						
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.						
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.						
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) _____						
COMMERCIAL	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control						
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp _____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)						
	State of Wisconsin Plan Approval Needed: <input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)						
Zoning - When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.							
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, express or implied, on the part of municipality, 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 on the reverse side of the left page of this application. 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. It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.							
APPLICANT (Print)				SIGN		DATE	
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. <input type="checkbox"/> See attached for conditions of approval.							
BELOW SECTION FOR OFFICE USE ONLY							
FEES:		PERMIT(S) ISSUED		PERMIT ISSUED BY:			
Construction	\$ _____	<input type="checkbox"/> Construction		Name: _____			
Plumbing	\$ _____	<input type="checkbox"/> HVAC		Date _____ Telephone _____			
Electrical	\$ _____	<input type="checkbox"/> Electrical		Cert. No. _____ Census Code _____			
HVAC	\$ _____	<input type="checkbox"/> Plumbing		www.generalengineering.net			
Zoning	\$ _____	<input type="checkbox"/> Erosion Control		VER: 10/2018			
Other	\$ _____	<input type="checkbox"/> Other _____					
Administrative	\$ _____						
Total Permit Fee:	\$ _____						