

OFFICE PHONE: INSPECTIONS: 262.968.6823	Village of Wales, Waukesha County UNIFORM BUILDING PERMIT APPLICATION	Permit No. Parcel No.
PERMIT REQUESTED <input type="checkbox"/> Constr. <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's Name: _____ <input type="checkbox"/> Con _____ <input type="checkbox"/> Elec _____ <input type="checkbox"/> HVAC	Lic/Cert#:	Mailing Address:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
Project Description:		Lot area: Sq. ft. _____ 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	3. OCCUPANCY	6. ELECTRICAL
<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:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION
Bsmt. _____sq.ft. Living Area _____sq.ft. Garage _____sq.ft. Decks _____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"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:
	5. STORIES	8. USE
	<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:
		9. HVAC EQUIPMENT
		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:
		10. SEWER
		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:
		11. WATER
		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private 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"/> <input type="checkbox"/> Water Htg <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
		\$ _____
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, expressed or implied, on the state, municipality, inspection agency or inspector; 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. 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 that is being done.		
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. <input type="checkbox"/> See attached for additional conditions of approval.	
ISSUING JURISDICTION	Town of <input checked="" type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Insp. Agency #:	Municipality Number of Dwelling Location
	Wales	<u> 6 </u> <u> 7 </u> - <u> 1 </u> <u> 8 </u> <u> 1 </u>
FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #
Permits \$ _____ Bonds \$ _____ Wis. Permit Seal \$ _____ Zoning/Hwy. \$ _____ Other: _____ \$ _____ Total \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	PERMIT ISSUED BY:
		Name _____ Date _____ Phone _____ Cert No. _____

CHECK #: _____ FROM: _____ DATE: _____

