

BUILDING PERMIT APPLICATION: One &/or TWO FAMILY HOME

City of Altoona, Wisconsin

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1)(m)]. The *Uniform Dwelling Code & Commentary* is available at www.legis.state.wi.us/rsb. Information is also available at the Department of Commerce @ www.commerce.state.wi.us, click on Division of Safety & Buildings.

Owner's Name: _____	Building/Project Address
Owner's Mailing Address: _____	_____
Telephone: _____ Cell: _____	_____

Permit(s) Requested: <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing	Parcel #
	18-201- _____

Dwelling Contractor Qualifier	Project Contact Name: _____		Erosion Control Permit #
DCQ# _____	Mailing Address _____	Tele: _____	(assigned by Bldg Insp)
		Cell: _____	
		Fax: _____	

Construction Contractor's Name	Project Contact Name: _____	Est. Value of Project	Construction Permit #
DC Financial Resp' DCFR# _____	Mailing Address _____		(assigned by Bldg Insp)

HVAC Contractor's Name	Project Contact Name: _____	Est. Value of Project	HVAC Permit #
Lic Cert # _____	Mailing Address _____		(assigned by Bldg Insp)

Electric Contractor's Name	Project Contact Name: _____	Est. Value of Project	Electric Permit #
Lic Cert # _____	Mailing Address _____		(assigned by Bldg Insp)

Plumbing Contractor's Name	Project Contact Name: _____	Est. Value of Project	Plumbing Permit #
Lic Cert # _____	Mailing Address _____		(assigned by Bldg Insp)

Project Location	1/4	1/4	Section	T	R
				27N	9W

Zoning District(s): _____	Subdivision Name: _____	Lot #: _____	Block #: _____
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SETBACKS:	Front _____	Rear _____	Left _____	Right _____
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PROJECT DESCRIPTION: please use this space to describe your project.

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 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 storm water management and the owner shall sign the statement on the back of the permit if not signing below. 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. The owner is responsible to meet all provisions of the *Wisconsin Uniform Dwelling Code*.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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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.

I have read and will abide by the above approval conditions. **Initials:** _____ **Date:** _____

FEES	WIS Permit Seal No.	Permit Issued By:
Construction (44310) \$ _____		Name: Eric Velin (715-839-5192) Date: _____ Cert. No. 70304
HVAC (44330) \$ _____	Receipt	
Electrical (44320) \$ _____	Ck _____	
Plumbing (44340) \$ _____	Date _____	
Erosion (44310) \$ _____	From _____	
WI Permit Seal (44310) \$ _____	Rec. By _____	
TOTAL \$ -		