



PLUMBING

RESIDENTIAL*

If you are doing plumbing work on a **single or two-family home**, please use the building permit application on page 2 of this document.

COMMERCIAL*

For all other buildings, please use the application on page 3 of this document.

*If you use Microsoft Excel and want to use a fillable form, please send your request to cityhall@ci.altoona.wi.us.

Thank you!

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: Mailing Address: Tele: Cell: Fax:	Erosion Control Permit # (assigned by Bldg Insp)
DCQ#		

Construction Contractor's Name	Project Contact Name: Mailing Address: Tele: Cell: Fax:	Est. Value of Project	Construction Permit # (assigned by Bldg Insp)
Lic Cert #			

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

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

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

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

Zoning District(s):	Subdivision Name:	Lot #:	Block #:

SETBACKS:	Front	Rear	Left	Right

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

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:**

Deduct meter (600-00-46419) \$ - Address 100-00-44344 \$ - Construction (44310) \$ HVAC (44330) \$ Electrical (44320) \$ Plumbing (44340) \$ Erosion (44310) \$ WI Permit Seal (44310) \$ 0.00 TOTAL \$ -	WIS Permit Seal No. Receipt CK Date From Rec. By	Permit Issued By: Name: Eric Velin (715-839-5192) Date: Cert. No. 70304
--	---	---

BUILDING PERMIT APPLICATION: **COMMERCIAL BUILDING**

City of Altoona, Wisconsin

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1)(m)]. The *Wisconsin Commercial Building Code* is available @ 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.

THE OWNER'S NAME MUST BE THE NAME THAT APPEARS ON THE TAX ROLL. You may call 715-839-6092 to verify. If the current owner is not correctly identified, the application must be re-submitted, which will delay the start of the project.

Owner's Name: _____	Building/Project Address
Owner's Mailing Address: _____	Parcel #
Telephone: _____ Cell: _____	201- _____

Permit(s) Requested: Construction HVAC Electric Plumbing

Erosion Control Permit #

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

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

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

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

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

Zoning District(s): _____	Subdivision Name: _____	Lot #: _____	Block #: _____
----------------------------------	--------------------------------	---------------------	-----------------------

SETBACKS: **Front** _____ **Rear** _____ **Left** _____ **Right** _____

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 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 which is being done. The owner is responsible to meet all provisions of the *Wisconsin Commercial Building Code*.

APPLICANT'S SIGNATURE _____	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.

I have read and will abide by the above approval conditions.

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