

VILLAGE OF ORFORDVILLE 303 E Beloit St Orfordville, WI 53576 608-879-2004	<b>Wisconsin Uniform Building          Permit Application          VILLAGE OF ORFORDVILLE</b>	Permit No.  Parcel No.
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<b>PERMIT REQUESTED</b>	<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: _____
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Owner's Name	Mailing Address	Email:	Tel.
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Contractor Name & Type	Lic/Cert# Exp Date	Mailing Address	Tel. & Email
Dwelling Contractor (Constr.)			
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)			
HVAC			
Electrical Contractor			
Electrical Master Electrician			
Plumbing			

<b>PROJECT LOCATION</b>	Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of	<b>PROJECT DESCRIPTION:</b>
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<b>BUILDING ADDRESS</b>	County	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	<b>Setbacks:</b>	Front ft.	Rear ft.	Left ft.	Right ft.
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<b>1. PROJECT</b>	<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other
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2. AREA INVOLVED (sq ft)	Unit 1	Unit 2	Total
Unfin. Bsmt.			
Living Area			
Living Area/Other			
Garage			
Deck/Porch			
Totals			

<b>3. OCCUPANCY</b>	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other	<b>4. USE</b>	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____
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<b>5. CONSTRUCTION TYPE</b>	<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. Per WI UDC <input type="checkbox"/> Mfd. Per US HUD
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<b>6. STORIES</b>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____	<input type="checkbox"/> Plus Basement	<b>7. EST. PROJECT COST w/o LAND</b>	\$ _____
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<b>8. WALLS</b>	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other	<b>9. ELECTRIC</b>	Panel Amps: _____	<input type="checkbox"/> Underground <input type="checkbox"/> Overhead
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<b>10. SEWER</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____	<b>11. WATER</b>	<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well
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I understand that I am subject to all applicable codes, laws, statutes and ordinances; 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 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 (owner shall sign the additional statement. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises at all reasonable hours to inspect the work which is being done.

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 reverse side of the last ply of this form.

**APPLICANT (Print:)** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>APPROVAL CONDITIONS</b>	This permit is issued pursuant to following conditions. <input type="checkbox"/> See attached for conditions of approval.
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<b>ISSUING JURISDICTION</b>	<input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____	State-Contracted Inspection Agency#: _____	Municipality Number of Dwelling Location <b>53 - 165</b>
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<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>WIS PERMIT SEAL #</b>	<b>PERMIT ISSUED BY:</b>
Plan Review \$	<input type="checkbox"/> Construction		Name _____
Inspection \$	<input type="checkbox"/> HVAC		Date _____ Tel. _____
Wis. Permit Seal \$	<input type="checkbox"/> Electrical		Cert No. _____
Other \$	<input type="checkbox"/> Plumbing		Email: _____
Total \$	<input type="checkbox"/> Erosion Control		

Property Owner  
 Clerk  
 Assessor  
 Building Inspector  
 Additional Permit numbers - Plumbing \_\_\_\_\_ Electric \_\_\_\_\_ HVAC \_\_\_\_\_