

925 15 <sup>th</sup> Ave Union Grove, WI 53182 Office - 262-878-1818 Fax - 262-878-3782	<b>1 &amp; 2 FAMILY          RESIDENTIAL BUILDING PERMIT APPLICATION          VILLAGE OF UNION GROVE</b>	Permit No. _____ Parcel No. _____
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<b>Building Type</b> _____	<b>Use</b> _____	<b>Erosion Control Permit No.</b> _____
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<b>Building Site Address:</b> _____	<b>Suite No.</b> _____
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Owner's Name: _____	Mailing Address _____	Tel. _____
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Tenants Name: _____	Mailing Address _____	Tel _____
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<b>CONTRACTOR NAME &amp; TYPE</b>	<b>LIC/CERT#</b>	<b>MAILING ADDRESS</b>	<b>TEL. &amp; FAX</b>
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Dwelling Contractor (Constr.) _____	_____	_____	_____
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Dwelling Contr. Qualifier _____	_____	The dwelling contractor Qualifier shall be an owner, CEO, COB or employee of the dwelling contractor	_____
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<b>PROJECT DESCRIPTION</b> _____	Is this parcel within 1000 feet of a lake or 300 feet of a stream/river <input type="checkbox"/> Yes <input type="checkbox"/> No
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Building Address _____	Subdivision Name _____	Lot No. _____	Block No. _____
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Zoning District _____	Zoning Permit No. _____	<b>Set backs</b>	Front ft.	Rear ft.	Left ft.	Right ft.
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<b>1. PROJECT</b>	<b>3. STORIES</b>	<b>4. FOUNDATION</b>	<b>5. CSTN TYP</b>	<b>6. WALLS</b>	<b>7. USE</b>	<b>8. OCCUPANCY</b>	<b>9. SEWER</b>	
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other: _____	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd WI UDC <input type="checkbox"/> Mfd US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/pole <input type="checkbox"/> Other	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Private sys. <b>10. WATER</b> <input type="checkbox"/> Munic. Utility <input type="checkbox"/> Private Well

<b>2. AREA INVOLVED (sq. ft)</b>				<b>11. ENERGY SOURCE</b>						
AREA	UNIT 1	UNIT 2	TOTAL	Fuel	Nat. Gas	LP	Oil	Elec	Solid	Solar

Unfin. Bsmnt	_____	_____	_____	Space Htg	_____	_____	_____	_____	_____	_____
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1 <sup>st</sup> flr Living	_____	_____	_____	Water Htg	_____	_____	_____	_____	_____	_____
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2 <sup>nd</sup> flr Living	_____	_____	_____	<input type="checkbox"/> Dwelling unit has 3 Kilowatt or more in electric space heating equipment capacity						
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3 <sup>RD</sup> flr Living	_____	_____	_____	<b>12. HEAT LOSS</b>						
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Att. Garage	_____	_____	_____	_____ BTU/HR Total calculated envelope and infiltration losses ("Maximum" on) allowable Heating Equipment Output" on Energy Worksheet; " Total building heating Load Rescheck report						
Enc. Porch	_____	_____	_____							
Open Porch	_____	_____	_____							
Deck	_____	_____	_____							

Other:	_____	_____	_____	<b>13. Estimated Cost W/O Land</b>						
Totals	_____	_____	_____							

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 stormwater management. 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.

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 Financial Responsibility Certification and have read the cautionary statement regarding contractor responsibility . No refunds issued after work has begun. By applying for this permit, you are authorizing Village personnel to inspect this property within the scope of their duties.

**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.  See attached for conditions of approval.

<b>PERMIT FEES:</b>	<b>BONDS</b>	<b>WIS PERMIT SEAL #</b>	<b>PERMIT ISSUED BY:</b>
Permit \$ _____	Occupancy Bond \$ _____	Municipality # of Dwelling Location <b>51-186</b>	Name _____
Permit Seal \$ _____	Erosion Bond \$ _____		Date _____ Tel. _____
Other \$ _____	Impact Fee \$ _____		Cert No. _____
<b>Total</b> \$ _____	<b>Grand Total</b> \$ _____		