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| City of New London 215 N. Shawano St. New London, WI 54961 | <h2 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h2> <p style="margin: 0;"><i>bldginsp@newlondonwi.org</i></p> | PERMIT NO. _____ TAXKEY# _____ |
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| ISSUING MUNICIPALITY | <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____ | PROJECT LOCATION (Building Address) | |
| | | | PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY |

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| Owner's Name _____ | Mailing Address - Include City & Zip _____ | Telephone - Include Area Code _____ |
| Construction Contractor (DC Lic No.) _____ | Mailing Address - Include City & Zip _____ | Telephone - Include Area Code _____ |
| Dwelling Contractor Qualifier (DCQ Lic No.) _____ | Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor | |
| Plumbing Contractor (Lic No.) _____ | Mailing Address - Include City & Zip _____ | Telephone - Include Area Code _____ |
| Electrical Contractor (Lic No.) _____ | Mailing Address - Include City & Zip _____ | Telephone - Include Area Code _____ |
| HVAC Contractor (Lic No.) _____ | Mailing Address - Include City & Zip _____ | Telephone - Include Area Code _____ |

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| PROJECT INFORMATION | | Subdivision Name _____ | | Lot No. _____ | Block No. _____ | | | | | | | | | | | | | | | | | | | | | |
| Zoning District _____ | Lot Area _____ Sq. Ft. | N.S.E.W. Setbacks | Front _____ Ft. | Rear _____ Ft. | Left _____ Ft. Right _____ Ft. | | | | | | | | | | | | | | | | | | | | | |
| 1a. PROJECT | 3. TYPE | 6. STORIES | 9. HVAC EQUIPMENT | | 12. ENERGY SOURCE | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____ | <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial | <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____ | <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____ | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat. Gas</td> <td style="text-align: center;">L.P.</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec. *</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Fuel | Nat. Gas | L.P. | Oil | Elec. * | Solid | Solar | Space Htg | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fuel | Nat. Gas | L.P. | Oil | Elec. * | Solid | Solar | | | | | | | | | | | | | | | | | | | | |
| Space Htg | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 1b. GARAGE | 4. CONST. TYPE | 7. FOUNDATION | 10. PLUMBING | | * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity. | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD | <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____ | Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 2. AREA | 5. ELECTRICAL | 8. USE | 11. WATER | | 13. HEAT LOSS (Calculated) | | | | | | | | | | | | | | | | | | | | | |
| Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____ | Entrance Panel Size: _____ amp Service: _____ New _____ Rewire _____ Phase _____ Volts _____ Underground _____ Overhead Power Company: _____ | <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ | <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well | | Total _____ BTU/HR | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 14. ESTIMATED COST | | | | | | | | | | | | | | | | | | | | | |
| | | | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | |

I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; 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 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 and the owner shall sign the statement on the Notice to Permit Applicants form. 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 Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.

APPLICANT (PRINT): _____ **SIGN:** _____ **DATE:** _____

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
 Electric Rough Service Final Plumbing Rough Underfloor Final HVAC Rough Final

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| FEES: | PERMIT(S) ISSUED | SEAL NO. _____ | Municipality No. _____ - _____ |
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|---|--|--|--|---|
| Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____ | Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____ | RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____ | PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive. | PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____ |
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