

TOWN OF NORTH BEND

Submit to non-enforcing municipalities for new 1- and 2- family dwellings

WISCONSIN ADMINISTRATIVE BUILDING
PERMIT APPLICATION
 (Wis. Stats. 101.63 (7) & 101.65 (3))

State of Wisconsin
 Safety and Buildings Division

#

SEE INSTRUCTIONS ON BACK OF SECOND PLY

Personal information you provide may be used for secondary purposes. [Privacy Law 15.04(1)(m)]

PERMIT APPLICANT						
Last Name		First Name		Middle Initial		
Street Address						
City			State	Zip Code	Telephone No. (Include area code)	
PROJECT LOCATION						
Building Address			Subdivision Name		Lot #	Block #
Legal Description _____ 1/4, _____ 1/4, Section _____ T _____ N, R _____ E or W					Parcel No.	
1. PROJECT TYPE		2. HVAC EQUIPMENT				
<input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Family		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler	<input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Central AC		<input type="checkbox"/> Heat Pump <input type="checkbox"/> Other:	
3. ENERGY SOURCE		Nat. Gas	L.P.	Oil	Elect.	Solid
Space Heating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CONSTRUCTION TYPE			5. FOUNDATION			
<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured (to the WI UDC; not U.S. HUD code)			<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry		<input type="checkbox"/> Treated Wood
			<input type="checkbox"/> Other (specify):			
6. AREA			7. ESTIMATED BUILDING COST			
Living area = _____ Square Feet			\$ _____			
<p>I vouch that all the above information is correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the municipality, but that the Uniform Dwelling Code, Chapters Comm 20-25, still applies to all new 1- and 2-family dwellings and must be complied with. I understand that the issuance of this permit does not relieve me of compliance with other applicable codes and ordinances.</p>						
Applicant's Signature _____				Date Signed _____		
MUST BE COMPLETED BY THE MUNICIPALITY BEFORE FORWARDING PLY 2 TO THE STATE DIVISION OF SAFETY AND BUILDINGS						
ISSUING JURISDICTION:		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County of: <u>Jackson</u>				
MUNICIPALITY NUMBER: of Dwelling Location		# <u>2</u> <u>7</u> - <u>0</u> <u>3</u> <u>8</u>			FEES: <u>\$25.00</u>	
PERMIT ISSUED BY:				DATE ISSUED:		