

FOR INSPECTIONS CALL: _____		GENERAL BUILDING PERMIT APPLICATION GENERAL ENGINEERING COMPANY OFFICE: (608) 745-4070 FAX: (608) 745-5763				PERMIT # _____		
Parcel Number: _____		Property is Located in <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of Name: _____				EXPIRATION DATE: ____-____-____		
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)						Does this project require any additional approvals or permits? <input type="checkbox"/> yes <input type="checkbox"/> no		
Building Project Address: _____						Finished Project Value \$ _____		
Zoning District(s):	Zoning Permit No.:	Corner Lot <input type="checkbox"/> yes <input type="checkbox"/> no	Bldg. Height Ft.	Setbacks:	Front	Rear	Left	Right
Owner's Name(s)		Mailing Address				Telephone		
						Email		
Contractor Name & Type		Licen. / Cert #	Exp. Date	Mailing Address		Telephone & Email		
Construction Contractor				The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		Tel.		
Dwelling Contractor Qualifier						Email		
						Tel.		
HVAC Contractor						Tel.		
						Email		
Electrical Contractor						Tel.		
						Email		
Master Electrician						Tel.		
						Email		
Plumbing Contractor						Tel.		
						Email		
RESIDENTIAL Single Family/Duplex	Addition: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control							
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.							
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.							
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____							
COMMERCIAL	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control							
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)							
	State of Wisconsin Plan Approval Needed: <input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)							
Zoning – When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.								
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 on the reverse side of the last ply of this application. 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>It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.</i>								
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. <input type="checkbox"/> See attached for conditions of approval.								
BELOW SECTION FOR OFFICE USE ONLY								
FEES:		PERMIT(S) ISSUED			PERMIT ISSUED BY:			
Construction \$ _____		<input type="checkbox"/> Construction			Name _____			
Plumbing \$ _____		<input type="checkbox"/> HVAC			Date _____ Telephone _____			
Electrical \$ _____		<input type="checkbox"/> Electrical			Cert No. _____ Census Code _____			
HVAC \$ _____		<input type="checkbox"/> Plumbing			www.generalengineering.net			
Zoning \$ _____		<input type="checkbox"/> Erosion Control			VER. 1/3/2018			
Other _____ \$ _____		<input type="checkbox"/> Other _____						
Administrative \$ _____								
Total Permit Fee \$ _____								