

Village of West Baraboo 500 Cedar Street Baraboo, WI 53913 Phone: 608-356-2516	<b>Village of West Baraboo          Building Permit          Application</b>	Application No. _____  Parcel No. _____
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**PERMIT REQUESTED**     **Constr.**     **HVAC**     **Electric**     **Plumbing**     **Erosion Control**     **Other:** \_\_\_\_\_

Owner's Name _____	Mailing Address _____	Telephone & Email _____
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Contractor Name & Type	Lic/Cert#	Exp Date	Mailing Address	Telephone & Email
Construction Contractor				
HVAC				
Electrical Contractor				
Plumbing				

**PROJECT LOCATION**    Lot area \_\_\_\_\_ Sq.ft.     One acre or more of soil will be disturbed     Town  Village    \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, of Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E/W  
 City of West Baraboo

**Building Address** \_\_\_\_\_    County **Sauk**    Subdivision Name \_\_\_\_\_    Lot No. \_\_\_\_\_    Block No. \_\_\_\_\_

Zoning District(s) \_\_\_\_\_    Zoning Permit No. \_\_\_\_\_    **Setbacks:**    Front \_\_\_\_\_ ft.    Rear \_\_\_\_\_ ft.    Left \_\_\_\_\_ ft.    Right \_\_\_\_\_ ft.

<b>1. PROJECT</b>			<b>3. OCCUPANCY</b>		<b>6. ELECTRIC</b>		<b>9. HVAC EQUIP.</b>		<b>12. ENERGY SOURCE</b>								
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____			<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____		Fuel    Nat Gas    LP    Oil    Elec    Solid    Solar Geo Space Htg <input type="checkbox"/> <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"/> <input type="checkbox"/>								
<b>2. AREA INVOLVED (sq ft)</b>			<b>4. CONST. TYPE</b>		<b>7. WALLS</b>		<b>10. SEWER</b>		<b>13. HEAT LOSS</b>								
	<b>Unit 1</b>	<b>Unit 2</b>	<b>Total</b>	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per 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"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)							
	Unfin.			<b>5. STORIES</b>		<b>8. USE</b>		<b>11. WATER</b>		<b>14. EST. BUILDING COST w/o LAND</b>							
	Bsmt			<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		\$ _____							
	Living Area																
	Garage																
	Deck/Porch																
	Totals																

I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this 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 back of the permit if not signing below. 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 second page of this form.

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

**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>ISSUING JURISDICTION</b>	<input checked="" type="checkbox"/> County of <u>Sauk</u> <input checked="" type="checkbox"/> State of <u>Wisconsin</u>	State-Contracted Inspection Agency#: _____	Municipality Number of Dwelling Location Agency#: _____
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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		