

FOR INSPECTIONS CALL: _____	GENERAL BUILDING PERMIT APPLICATION GENERAL ENGINEERING COMPANY P.O. BOX 340 PORTAGE, WI 53901 OFFICE: (608) 745-4070	PERMIT # _____
Parcel Number: _____	<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Inspection Agency # _____	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 Address: _____	Responsible Party Email 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 _____	Mailing Address _____	Telephone _____
		Fax _____

Construction Contractor's Name _____	WI Lic. No. _____	Mailing Address _____	Telephone _____
			Fax _____

Dwelling Contractor Qualifier _____	WI Lic. No. _____	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	Telephone _____
			Fax _____

HVAC _____	WI Lic. No. _____	Mailing Address _____	Telephone _____
			Fax _____

Electrical _____	WI Lic. No. _____	Mailing Address _____	Telephone _____
			Fax _____

Plumbing _____	WI Lic. No. _____	Mailing Address _____	Telephone _____
			Fax _____

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)

COMMERCIAL	New Commercial Building: <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"/> 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, must obtain a copy of setback information regarding height, lot coverage, etc.

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 page 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. **It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.**

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.

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Construction \$ _____	<input type="checkbox"/> Construction	Name _____ Date _____ Telephone _____ Cert No. _____
Plumbing \$ _____	<input type="checkbox"/> HVAC	
Electrical \$ _____	<input type="checkbox"/> Electrical	
HVAC \$ _____	<input type="checkbox"/> Plumbing	
_____ \$ _____	<input type="checkbox"/> Erosion Control	
Administrative \$ _____	<input type="checkbox"/> Other _____	
Total Permit Fee \$ _____		