



City of Fitchburg  
 Building Inspection Department  
 5520 Lacy Road  
 Fitchburg, WI 53711  
 (608)270-4200

# UNIFORM PERMIT APPLICATION

## PART I To Be Completed By Applicant (please print or type)

JOB ADDRESS (street number & name)	LOT #	SUBDIVISION
------------------------------------	-------	-------------

<b>PROJECT</b>	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION OR REPAIR TO EXISTING <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER _____
----------------	--

<b>BUILDING TYPE</b>	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> OTHER _____
----------------------	--

<b>WORK TYPE</b>	<input type="checkbox"/> BUILDING CONSTRUCTION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> HVAC <input type="checkbox"/> OTHER _____
------------------	---

<b>ESTIMATED COSTS</b> (LABOR & MATERIALS)	CONSTRUCTION (\$)	ELECTRICAL (\$)	PLUMBING (\$)	HVAC (\$)	OTHER (\$)	TOTAL (\$)
---	-------------------	-----------------	---------------	-----------	------------	------------

<b>JOB DESCRIPTION</b>						

OWNER'S NAME	OWNER'S ADDRESS (include zip code)	CONTACT PHONE #
--------------	------------------------------------	-----------------

Contractor Name & Type	Lic/Cert#	Mailing Address	Contact Phone# & E-mail
Dwelling Contractor (Company) Name			
Dwelling Contractor Qualifier Name		Dwelling Contractor Qualifier shall be an owner, CEO, COB or employee of Dwelling Contractor	
Electrical Contractor Name			
Plumbing Contractor Name			
Heating/Cooling Contractor Name			

<b>BUILDING FEATURES</b> (NEW BUILDINGS AND ADDITIONS ONLY)		# Of Levels (include basement)	Foundation (concrete, masonry, etc.)	Site Constructed or Pre-Fab
Electrical Service Size (amps)	Overhead or Underground	Water (municipal or private)	Sewer (municipal or septic)	Sanitary Permit # (If applicable)
Attached or Detached Garage	Space Heating (forced, hot water, etc.)	Space Heating Fuel (natural gas, electric.)	Water Heating Fuel	Central Air Conditioning?

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE THAT IN THE PERFORMANCE OF THIS WORK I WILL BE BOUNDED BY AND SUBMIT TO ALL STATUTES OF THE STATE OF WISCONSIN, CONFIRM TO ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF FITCHBURG AND ABIDE BY ALL RULES AND REGULATIONS PRESCRIBED BY THE BUILDING INSPECTION DEPARTMENT.

<b>SIGNATURE OF APPLICANT</b>	<b>APPLICATION DATE</b>	<b>CONSTRUCTION START DATE</b>
-------------------------------	-------------------------	--------------------------------

## PART II To Be Completed By Building Official

Application #	Date Approved	<b>PERMITS ISSUED</b>	<input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> PLBG <input type="checkbox"/> HVAC <input type="checkbox"/> OTHER _____
---------------	---------------	-----------------------	--

APPROVED BUILDING USE	BUILDING OFFICIAL	W.U.B.P.S.#	<b>AREAS (SQ. FT.)</b>	BASEMENTS	LIVING AREA	GARAGE	OTHER	
<b>PERMIT FEES (\$)</b>	BUILDING	ELECTRICAL	PLUMBING	HVAC	ZONING	W.U.B.P.S.	UTILITY	<b>TOTAL</b>
	WATER IMPACT	FIRE IMPACT	EROSION	PLAN REVIEW	OCCUPANCY	OTHER	OTHER	

**CONDITIONS OF APPROVAL** THIS PERMIT IS ISSUED PRUSUANT TO THE FOLLOWING CONDITIONS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT OR OTHER PENALTIES.

--