

KUNKEL ENGINEERING GROUP (920) 356-9447 (920) 382-6202 (mobile)	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION Village of Neosho P.O. Box 178 Neosho, Wisconsin 53059	Permit No. _____ Project Description: _____
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name	Mailing Address	Tel.
Contractor's Name & Type	Lic/Cert #	Mailing Address
Contractor (Construction)		
Dwelling Contr. Qualifier		The Dwelling Constr. Qualifier shall be an Owner, CEO, COB or employee of the Dwelling Contractor.
HVAC		
Electrical		
Plumbing		

DHS Lead Renovator Cert. No: (If structure was built prior to 1978)	Exp. Date	DHS Lead Company Cert. No.	Exp. Date
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PROJECT LOCATION Lot Area _____ Sq. Ft. One acre or more of soil will be disturbed _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	SETBACKS	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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1. PROJECT	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP.	12. ENERGY SOURCE																																		
<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 Basebrd <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																												
				Space Htg	<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"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.																																		
				13. HEAT LOSS																																		
				_____ BTU/HR Total																																		
				Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck Report.)																																		
				10. SEWER			14. EST. BUILDING COST																															
				<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____			\$ _____																															
				11. WATER																																		
				<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																																		
				7. WALLS																																		
				<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:																																		
				8. USE																																		
				<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:																																		
				4. CONST. TYPE																																		
				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. - WI UDC <input type="checkbox"/> Mfd. - US HUD																																		
				5. STORIES																																		
				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement																																		
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;"></th> <th style="width:10%;">Unit 1</th> <th style="width:10%;">Unit 2</th> <th style="width:10%;">Total</th> </tr> <tr> <td>Unfin.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </table>								Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck				Totals			
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The applicant agrees to comply with the Municipal Ordinance and with conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____.

Email to send Issued permit to.

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.

INSPECTIONS NEEDED: **Building:** Footing Rough Insulation Basement Flr Final
Electric: Rough Service Final **Plumbing:** Rough Underfloor Final **HVAC:** Rough Final

FEES:	PERMIT(S) ISSUED	WI PERMIT SEAL NO.	PERMIT ISSUED BY:
Building: \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:	RECEIPT Ck #: _____ Amount: _____ Date: _____ From: _____ Rec By: _____	Name: _____
Electrical \$ _____			Date: _____ Tel. _____
HVAC: \$ _____			Cert No. _____
Plumbing \$ _____			
WI Permit Seal: \$ _____			
Zoning: \$ _____			
Other: \$ _____			
Total \$ _____			