

Village of Tigerton Inspector: Brian Bunke 920-377-1744 Village Clerk: 715-535-2262	<h1 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h1>	PERMIT NO. _____ TAXKEY# _____
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF <u>Tigerton</u> COUNTY: <u>Shawano</u>	PROJECT LOCATION (Building Address)	PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
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Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Construction Contractor (DC Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Dwelling Contractor Qualifier (DCQ Lic No.) _____	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code _____
Plumbing Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Electrical Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
HVAC Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____

PROJECT INFORMATION		Subdivision Name _____			Lot No. _____	Block No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks	Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.	Right _____ Ft.																					
1a. PROJECT	3. TYPE	6. STORIES	9. HVAC EQUIPMENT		12. ENERGY SOURCE																						
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: none;">Fuel</td> <td style="border: none;">Nat. Gas</td> <td style="border: none;">L.P.</td> <td style="border: none;">Oil</td> <td style="border: none;">Elec. *</td> <td style="border: none;">Solid</td> <td style="border: none;">Solar</td> </tr> <tr> <td style="border: none;">Space Htg</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Water Htg</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Fuel	Nat. Gas	L.P.	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"/>
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1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																						
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																								
2. AREA	5. ELECTRICAL	8. USE	11. WATER		13. HEAT LOSS (Calculated)																						
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: <u> </u> New <u> </u> Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU//HR																						
					14. ESTIMATED COST																						
					\$ _____																						

The applicant agrees to comply with the Municipal Ordinances and with the 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. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ **PRINT NAME** _____ **DATE** _____

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
 Electric Rough Service Final **Plumbing** Rough Underfloor Final **HVAC** Rough Final

FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. _____
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.
PERMIT ISSUED BY MUNICIPAL AGENT:			
Name _____ Date _____ Certification No. _____			