

OFFICE PHONE: 262.251.7690	Village of Lannon, Waukesha County	Permit No.
INSPECTIONS: 262.364.6633	UNIFORM BUILDING PERMIT APPLICATION	Parcel No.
PERMIT REQUESTED	<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:	
Owner:	Mailing Address:	Tel:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
		Tel:
		Fax:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
		Tel:
		Fax:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
		Tel:
		Fax:
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#:	Mailing Address:
		Tel:
		Fax:
PROJECT LOCATION	Lot area: _____ Sq. ft.	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W
Address:	Subdivision Name:	Lot No.: _____ Block No.: _____
Zoning District(s):	Zoning Permit No.:	Setbacks: _____ Front: _____ Rear: _____ Left: _____ Right: _____
1. PROJECT	3. OCCUPANCY	6. ELECTRICAL
<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"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION
Foundation _____ sq.ft. Living Area _____ sq.ft. Garage _____ sq.ft. Decks _____ sq.ft. Other _____ sq.ft. Total _____ sq.ft.	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:
	5. STORIES	8. USE
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:
		9. HVAC EQUIPMENT
		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:
		10. SEWER
		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:
		11. WATER
		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well
		12. ENERGY SOURCE
		Fuel: _____ Nat Gas _____ LP _____ Oil _____ Elec _____ Solid _____ Solar _____ Space Htg _____ Water Htg _____ <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)
		14. ESTIMATED BUILDING COST
		\$ _____
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, expressed or implied, on the state, municipality, inspection agency or inspector; 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. 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 that is being done.		
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. <input type="checkbox"/> See attached/conditionally approved plans for additional conditions of approval.	
ISSUING JURISDICTION	<input type="checkbox"/> Town of <input checked="" type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Insp. Agency #:	Municipality Number of Dwelling Location
	Lannon	<u>6</u> <u>7</u> - <u>1</u> <u>4</u> <u>7</u>
FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #
Permits \$ _____ Bonds \$ _____ Wis. Permit Seal \$ _____ Zoning \$ _____ Other: _____ \$ _____ Total \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	
		PERMIT ISSUED BY:
		Name _____ Date _____ Cert. No. _____ Phone _____

CHECK #: _____ FROM: _____ DATE: _____

Distribution: Ply 1 - Issuing jurisdiction Ply 2 - Municipality forwards to State if new dwelling Ply 3 - Inspector Ply 4 - Applicant