

Residential Permit Application

Additions- Remodels- General Repairs

Building
 Electrical
 Plumbing
 HVAC

| | | |
|------------------|----------------|-----|
| Location _____ | Permit # | |
| Owner _____ | Date | |
| Address _____ | City | Zip |
| Phone _____ | Email | |
| Parcel # _____ | Zoning | |
| Contractor _____ | | |
| Address _____ | City | Zip |
| Phone _____ | Email | |
| License # _____ | Contact Person | |

Project Description

Description of Project _____ Cost \$ _____

Sq. Ft of Project _____

| Project Type | |
|--|-------------|
| Additions-All Inclusive* | \$ 270.00 |
| Remodel-All Inclusive*-Cost=>\$10,000 | \$ 250.00 |
| Remodel-All Inclusive*-Cost<\$10,000 | \$ 200.00 |
| Attached Garage-All Inclusive* | \$ 200.00 |
| Unattached Garage/ Acc. Bldg. | \$ 100.00 |
| Unattached Garage/ Acc. Bldg. w/ Electrical | \$ 150.00 |
| Basement Finish | \$ 250.00 |
| Electrical: Service (Overhead / Underground) | \$ 100.00 |
| General Wiring | \$ 100.00 |
| HVAC Furnace/ A-C Change | \$ 100.00 |
| Plumbing | \$ 100.00 |
| Deck-All Inclusive*+ Zoning Fee | \$ 200.00 |
| Window Replacement | \$ 100.00 |
| Misc. Permit | \$ 100.00 |
| Misc. Permit/ Roof Replacement | \$ 50.00 |
| | |
| Total | |
| Additional Permits if Applicable | |
| County Land Use: Sheboygan County | Yes No |
| Sanitary Permit- Sheboygan County | Yes No |



All Inclusive*-
Construction; HVAC; Electrical & Plumbing Permits

Make Check Payable to:
 Town of Greenbush

Mail Application with payment to:
Witkowski Inspection Agency, LLC
 621 Sixth St. P.O. Box 98
 Kiel, WI 53042

For Inspections Call:
 Witkowski Inspection Agency, LLC
 Brian Witkowski
 Office: 920-286-6133
 Cell: 920-912-0832

Inspections Required

| | | | |
|------------------|--------------------------|-----------------------|------------------|
| Footing _____ | Electrical Service _____ | Erosion Control _____ | Insulation _____ |
| Foundation _____ | U-G Plumbing _____ | Rough-In** _____ | Final _____ |

Rough-In** Includes: Construction; Electrical; Plumbing; HVAC

Electrical- Plumbing- HVAC Permit Applications

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---------------|----------|----|--|----------------|----|----|----------|--------------|-------------------|--|--|--|------------------------|--|--|--|-----------------------|--|--|--|-------------|--|--|---------|---------------------------|--|--|-------------|-------|--|--|---------------------------------|-------|--|--|
| Electrical Permit: | Company _____ | Phone # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">New Service</td> <td style="width: 10%;">OH</td> <td style="width: 10%;">UG</td> <td style="width: 50%;"></td> </tr> <tr> <td>Service Change</td> <td>OH</td> <td>UG</td> <td>OH to UG</td> </tr> <tr> <td>All Services</td> <td colspan="3">Volts/ Amps _____</td> </tr> <tr> <td></td> <td colspan="3">Number of Meters _____</td> </tr> <tr> <td></td> <td colspan="3">Service Utility _____</td> </tr> <tr> <td></td> <td colspan="3">Phase _____</td> </tr> <tr> <td>Remodel</td> <td colspan="3">Location of Service _____</td> </tr> <tr> <td>Outbuilding</td> <td colspan="3">_____</td> </tr> <tr> <td>Alternative Energy Installation</td> <td colspan="3">_____</td> </tr> </table> | New Service | OH | UG | | Service Change | OH | UG | OH to UG | All Services | Volts/ Amps _____ | | | | Number of Meters _____ | | | | Service Utility _____ | | | | Phase _____ | | | Remodel | Location of Service _____ | | | Outbuilding | _____ | | | Alternative Energy Installation | _____ | | |
| New Service | OH | UG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Change | OH | UG | OH to UG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Services | Volts/ Amps _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Number of Meters _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Service Utility _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Phase _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remodel | Location of Service _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outbuilding | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative Energy Installation | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature of Licensed Electrician _____ **License #** _____

| | | | | | | | | | | | | | | | | |
|-------------------------|--|---------------------|-----------------|-------------|------------------|-----------------|-------------|---------------|----------------------|----------------|------------------------|-------------|---------------------|----------------------|-------------|-------------------|
| Plumbing Permit: | Company _____ | Phone # _____ | | | | | | | | | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">_____ Floor Drains</td> <td style="width: 10%;">_____ Sump Pump</td> <td style="width: 60%;">_____ Sinks</td> </tr> <tr> <td>_____ Dishwasher</td> <td>_____ Hose Bibs</td> <td>_____ Lav's</td> </tr> <tr> <td>_____ Showers</td> <td>_____ Water Softener</td> <td>_____ Bath Tub</td> </tr> <tr> <td>_____ Garbage Disposal</td> <td>_____ Other</td> <td>_____ Water Closets</td> </tr> <tr> <td>_____ Bar Connection</td> <td>_____ Other</td> <td>_____ Laundry Box</td> </tr> </table> | _____ Floor Drains | _____ Sump Pump | _____ Sinks | _____ Dishwasher | _____ Hose Bibs | _____ Lav's | _____ Showers | _____ Water Softener | _____ Bath Tub | _____ Garbage Disposal | _____ Other | _____ Water Closets | _____ Bar Connection | _____ Other | _____ Laundry Box |
| _____ Floor Drains | _____ Sump Pump | _____ Sinks | | | | | | | | | | | | | | |
| _____ Dishwasher | _____ Hose Bibs | _____ Lav's | | | | | | | | | | | | | | |
| _____ Showers | _____ Water Softener | _____ Bath Tub | | | | | | | | | | | | | | |
| _____ Garbage Disposal | _____ Other | _____ Water Closets | | | | | | | | | | | | | | |
| _____ Bar Connection | _____ Other | _____ Laundry Box | | | | | | | | | | | | | | |

ALL TESTS ON ROUGH INSTALLATIONS AS PER WIS. PLUMBING CODE. ALL INFORMATION ON THIS PERMIT IS PURSUANT TO THE WISCONSIN STATUTE 145.06(1)(A), STATING THAT PLUMBING WORK MUST BE PERFORMED BY A CONTRACTING MASTER PLUMBER. The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, expressed or implied on the Department or Municipality, certifies that all the information is accurate. I the undersigned hereby applies for a permit for the execution and of installation of Plumbing as herein described.

Signature of Master Plumber _____ **License #** _____

| | | | | | | | | | | | | | | | | |
|-----------------------------------|---|-------------------|--------------------------------|--|------------------|--------------------------------|--|----------------------|------------------------|--|------------------------|-------------------|--|-----------------------------------|-------------|--|
| HVAC Permit | Company _____ | Phone # _____ | | | | | | | | | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">_____ New Furnace</td> <td style="width: 10%;">_____ Fireplace or Wood Burner</td> <td style="width: 60%;"></td> </tr> <tr> <td>_____ New Boiler</td> <td>_____ Replacement of Equipment</td> <td></td> </tr> <tr> <td>_____ Unit Heater(s)</td> <td>_____ Air Conditioning</td> <td></td> </tr> <tr> <td>_____ Roof Top Unit(s)</td> <td>_____ Ventilation</td> <td></td> </tr> <tr> <td>_____ Addition to existing system</td> <td>_____ Other</td> <td></td> </tr> </table> | _____ New Furnace | _____ Fireplace or Wood Burner | | _____ New Boiler | _____ Replacement of Equipment | | _____ Unit Heater(s) | _____ Air Conditioning | | _____ Roof Top Unit(s) | _____ Ventilation | | _____ Addition to existing system | _____ Other | |
| _____ New Furnace | _____ Fireplace or Wood Burner | | | | | | | | | | | | | | | |
| _____ New Boiler | _____ Replacement of Equipment | | | | | | | | | | | | | | | |
| _____ Unit Heater(s) | _____ Air Conditioning | | | | | | | | | | | | | | | |
| _____ Roof Top Unit(s) | _____ Ventilation | | | | | | | | | | | | | | | |
| _____ Addition to existing system | _____ Other | | | | | | | | | | | | | | | |

Description of Work _____

Type of Fuel _____

Calculated BTU Heat Loss _____

Size of Unit (BTU Rating) _____ Output _____ Input _____

The undersigned certifies that all of the above information is correct, and applies for a permit to do the work above described and hereby agrees that such work will be done in accordance with the descriptions set forth herein; and it is further agreed that such work will be done in strict compliance with the Wisconsin Heating/ Cooling/ Ventilation Code as in SPS 322.01 & 323.01

Signature of HVAC Contractor _____ **License #** _____

Cautionary Statement:

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608) 261-6876 or go to the Wisconsin Department of Health Services' lead homepage for details of how to be in compliance.

ATCP 110 For consumer protection and Lien Waiver Law's.

I, hereby certify that I have read the Cautionary Statement and understand and agree to abide by the following special regulations and provisions of this permit and all applicable provisions and restrictions which are shown on this application.

Signature _____

Date _____