

BLDG INSPECTION:
 PO Box 37
 2400 Post Road
 Plover, WI 54467
 715-345-5312

**VILLAGE OF PLOVER COMMERCIAL
 BUILDING PERMIT APPLICATION**

Application No.

Parcel No.

PERMIT REQUESTED Constr. HVAC Electric Plumbing Fire Suppression Fire Alarm

Owner's Name			
Contractor's Name: Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			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
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PROJECT LOCATION Lot area 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. _____

1. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Repair Alteration <input type="checkbox"/> Raze Addition <input type="checkbox"/> Move <input type="checkbox"/> Early Start <input type="checkbox"/> Temporary <input type="checkbox"/> Footing & Foundation <input type="checkbox"/> Other:	3. OCCUPANCY <input type="checkbox"/> Multi-Family <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Mfg. <input type="checkbox"/> S-Storage <input type="checkbox"/> A-Assembly Other	6. ELECTRIC Entrance Panel Amps: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Volts 7. WALLS <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	9. HVAC EQUIP. <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Roof Top Units <input type="checkbox"/> Other <input type="checkbox"/> Grease Hood	12. ENERGY SOURCE <table border="1"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>										
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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"/>																			
2. AREA INVOLVED (sq. ft.)	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd per WI <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB	8. USE <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temp: <input type="checkbox"/> Other:	10. SEWER <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # <input type="checkbox"/> Grease Trap	13. FIRE PROTECTION SPRINKLER CONTRACTORS NAME: ADDRESS: PHONE FAX FIRE ALARM CONTRACTORS NAME: ADDRESS: PHONE FAX																					
	5. STORIES <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> 3-Story <input type="checkbox"/> Plus Basement <input type="checkbox"/> Other		11. WATER <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	14. ESTIMATED BUILDING COST \$ _____																					

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. See attached for conditions of approval.

ISSUING JURISDICTION Town of Village of City of County of State-WI
 Plover State-Contracted Inspection Agency #: Municipality Number of Dwelling Location
 49-173

FEES: BUILDING PERMIT \$ S & W LATERAL WASTE IMPACT WATER IMPACT ELECTRICAL PLUMBING HVAC PARK FEES TOTAL	PERMIT(S) ISSUED <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Smoke Alarm System	WIS PERMIT SEAL #	PERMIT ISSUED BY: Name _____ Date _____ Telephone No. 345-5312 Cert No. _____
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SBD-5823(R.05/06) Distribute: Ply 1-Issuing Jurisdiction; Ply 2-Issuer forwards to State w/in 30 days; Ply 3-Inspector; Ply 4 - Applicant

