

Wisconsin Division Of Safety and Buildings	<b>VILLAGE OF PLOVER COMMERCIAL BUILDING PERMIT APPLICATION</b>	Application No.  Parcel No.
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<b>PERMIT REQUESTED</b>	<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarm
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Owner's Name	Mailing Address	Telephone
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.
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		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

<b>PROJECT LOCATION</b>	Lot area Ft	<input type="checkbox"/> One acre or more of soil will be disturbed	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W
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Building Address	Subdivision Name	Lot No.	Block No.
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<b>1. PROJECT</b>	<b>3. OCCUPANCY</b>	<b>6. ELECTRIC</b>	<b>9. HVAC EQUIP.</b>	<b>12. ENERGY SOURCE</b>																									
<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"/> Early Start <input type="checkbox"/> Temporary <input type="checkbox"/> Footing & Foundation <input type="checkbox"/> Other:	<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 <input type="checkbox"/> Other	Entrance Panel Amps: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Volts <div style="background-color: yellow;"><b>7. WALLS</b></div>	<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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Fuel</td> <td style="font-size: x-small;">Nat Gas</td> <td style="font-size: x-small;">LP</td> <td style="font-size: x-small;">Oil</td> <td style="font-size: x-small;">Elec</td> <td style="font-size: x-small;">Solid</td> <td style="font-size: x-small;">Solar</td> </tr> <tr> <td style="font-size: x-small;">Space Htg</td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> </tr> <tr> <td style="font-size: x-small;">Water Htg</td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> <td style="font-size: x-small;"><input type="checkbox"/></td> </tr> </table>	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"/>				
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"/>																							
<b>2. AREA INVOLVED (sq. ft.)</b>		<b>4. CONST. TYPE</b>		<b>13. FIRE PROTECTION</b>																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Unit 1</td> <td style="font-size: x-small;">Unit 2</td> <td style="font-size: x-small;">Total</td> </tr> <tr> <td style="font-size: x-small;">Lower Level</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">1<sup>st</sup> Floor</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">2<sup>nd</sup> Floor</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">3<sup>rd</sup> Floor</td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">Totals</td> <td></td> <td></td> </tr> </table>	Unit 1	Unit 2	Total	Lower Level			1 <sup>st</sup> Floor			2 <sup>nd</sup> Floor			3 <sup>rd</sup> Floor			Totals			<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		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		<b>10. SEWER</b>		<b>SPRINKLER CONTRACTORS NAME:</b>  <b>ADDRESS:</b>  <b>PHONE</b> <b>FAX</b>  <b>FIRE ALARM CONTRACTORS NAME:</b>  <b>ADDRESS:</b>  <b>PHONE</b> <b>FAX</b>			
Unit 1	Unit 2	Total																											
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		<b>5. STORIES</b>		<b>8. USE</b>		<b>11. WATER</b>		<b>14. ESTIMATED BUILDING COST</b>																					
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> 3-Story <input type="checkbox"/> Plus Basement <input type="checkbox"/> Other		<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temp: <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit #  <input type="checkbox"/> Grease Trap		\$ _____																					

<b>APPLICANT'S SIGNATURE</b>	<b>DATE SIGNED</b>
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<b>APPROVAL CONDITIONS</b>	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 for conditions of approval.
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<b>ISSUING JURISDICTION</b>	<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-WI Plover	State-Contracted Inspection Agency #:	Municipality Number of Dwelling Location <b>49-173</b>
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<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>WIS PERMIT SEAL #</b>	<b>PERMIT ISSUED BY:</b>
BUILDING PERMIT \$ S & W LATERAL WASTE IMPACT WATER IMPACT ELECTRICAL PLUMBING HVAC PARK FEES TOTAL	<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		Name <b>JOHN SULLIVAN</b>  Date _____ Telephone No. 345-5312  Cert No. <b>70216</b>

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