

KUNKEL ENGINEERING GROUP (920) 356-9447 (920) 382-6202 (mobile)		WISCONSIN UNIFORM BUILDING PERMIT APPLICATION Village of Oakfield 130 North Main Street, P.O. Box 98 Oakfield, Wisconsin 53065		Permit No. _____ Project Description: _____	
		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's Name _____		Mailing Address _____		Tel. _____	
Contractor's Name & Type _____		Lic/Cert # _____		Mailing Address _____	
Contractor (Construction) _____				Tel. & Fax _____	
Dwelling Contr. Qualifier _____				The Dwelling Constr. Qualifier shall be an Owner, CEO, COB or employee of the Dwelling Contractor.	
HVAC _____					
Electrical _____					
Plumbing _____					
DHS Lead Renovator Cert. No: _____ (If structure was built prior to 1978)		Exp. Date _____		DHS Lead Company Cert. No. _____	
Exp. Date _____					
PROJECT LOCATION		Lot Area _____ <input type="checkbox"/> 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. _____ Block No. _____	
Zoning District(s) _____		Zoning Permit No. _____		SETBACKS Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.	
1. PROJECT		3. OCCUPANCY		6. ELECTRIC	
<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"/> Garage <input type="checkbox"/> Other: _____		Entrance Panel _____ Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	
2. AREA INVOLVED (sq. ft.)		4. CONST. TYPE		7. WALLS	
	Unit 1	Unit 2	Total	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____	
Unfin.				<input type="checkbox"/> Mfd. - WI UDC	
Bsmt				<input type="checkbox"/> Mfd. - US HUD	
Living Area				5. STORIES	
Garage				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____	
Deck				8. USE	
Totals				<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	
				9. HVAC EQUIP.	
				<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebrd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____	
				10. SEWER	
				<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____	
				11. WATER	
				<input type="checkbox"/> Municipal <input type="checkbox"/> 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. EST. BUILDING COST	
				\$ _____	
The applicant agrees to comply with the Municipal Ordinance and with 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.					
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 for conditions of approval.					
INSPECTIONS NEEDED: Building: <input type="checkbox"/> Footing <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Basement Flr <input type="checkbox"/> Final Electric: <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing: <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC: <input type="checkbox"/> Rough <input type="checkbox"/> Final					
FEES:		PERMIT(S) ISSUED		WI PERMIT SEAL NO.	
Building: \$ _____ Plumbing: \$ _____ HVAC: \$ _____ Electrical: \$ _____ WI Permit Seal: \$ _____ Other: \$ _____ Other: \$ _____ Total: \$ _____		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____		RECEIPT Ck #: _____ Amount: _____ Date: _____ From: _____ Rec By: _____	
				PERMIT ISSUED BY: Name: _____ Date: _____ Tel. _____ Cert No. _____	