

925 15th Avenue Union Grove, WI 53182 Office - 262-878-2123 Fax - 262-878-1680	1 & 2 FAMILY RESIDENTIAL BUILDING PERMIT APPLICATION TOWN OF YORKVILLE	Permit No. _____ Parcel No. _____
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Building Type _____	Use _____	Erosion Control Permit No. _____
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Building Site Address: _____	Suite No. _____
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Owner's Name: _____	Mailing Address _____	Tel. _____
		Fax# _____
Tenant's Name: _____	Mailing Address _____	Tel. _____
		Fax# _____

CONTRACTOR NAME & TYPE	LIC/CERT #	MAILING ADDRESS	
Dwelling Contractor (Constr.)			Tel. _____ Fax# _____
Dwelling Contr. Qualifier		The dwelling contractor Qualifier shall be an owner, CEO, COB or employee of the dwelling contractor	

PROJECT DESCRIPTION	Is this parcel within 1000 feet of a lake or 300 feet of a stream/river? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Site Information	Subdivision Name	Lot No.	Block No.
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Zoning District	Zoning Permit No.	Set backs	Front ft.	Rear ft.	Left ft.	Right ft.
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1. PROJECT	3. STORIES	4. FOUNDATIO	5. CSTN TYP	6. WALLS	7. USE	8. OCCUPANCY	9. SEWER	
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other: _____	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Plus Basement	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd WI UDC <input type="checkbox"/> Mfd US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/pole <input type="checkbox"/> Other	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Sys 10. WATER <input type="checkbox"/> Munic. Utility <input type="checkbox"/> Private Well

2. AREA INVOLVED (Sq. ft)				11. ENERGY SOURCE						
AREA	UNIT 1	UNIT 2	TOTAL	Fuel	Nat. Gas	LP	Oil	Electric	Solid	Solar
Unfin Basement										
Finished Basement				Space Htg						
First Floor Living				Water Htg						
Second Floor Living				<input type="checkbox"/> Dwelling unit has 3 Kilowatt or more in electric space heating equipment capacity						
Third Floor Living				12. HEAT LOSS						
Attached Garage				_____ BTU/HR Total calculated envelope and infiltration losses						
Enclosed Porch				("Maximum" on) allowable Heating Equipment Output on Energy Worksheet;						
Open Porch				Total building heating load Rescheck report						
Deck										13. Estimated Cost W/O Land
Other:										\$
Totals										

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, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management. 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 which is being done. I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Financial Responsibility Certification and have read the cautionary statement regarding contractor responsibility. No refunds issued after work has begun. By applying for this permit, you are authorizing Town personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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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.

PERMIT FEES:	BONDS	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Permit \$ _____	Occupancy Bond \$ _____		Name _____
Permit Seal \$ _____	Erosion Bond \$ _____		Date _____ Tel. _____
Other \$ _____	Impact Fee \$ _____		Cert No. _____
Total \$ _____	Grand Total \$ _____	Municipality # of Dwelling _____ Location _____	