

TOWN OF SARATOGA 1120 State Hwy 73 South Wisconsin Rapids, WI 54494		Wisconsin Uniform Building Permit Application				Application No. _____																																														
						Parcel No. _____																																														
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 Name & Type			Lic/Cert#	Mailing Address		Tel. & Fax																																														
Dwelling Contractor (Constr.)																																																				
Dwelling Contr. Qualifier			The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.																																																	
HVAC																																																				
Electrical																																																				
Plumbing																																																				
PROJECT LOCATION		Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	XTown <input type="checkbox"/> Village <input type="checkbox"/> City of Saratoga	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W																																															
Building Address			County WOOD		Subdivision Name		Lot No.																																													
Block No.																																																				
Zoning District(s)		Zoning Permit No.		Setbacks:	Front	Rear	Left																																													
					ft.	ft.	ft.																																													
Right							ft.																																													
1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.																																														
<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 7. WALLS <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"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____																																														
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		10. SEWER		12. ENERGY SOURCE																																														
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				11. WATER		13. HEAT LOSS																																														
				<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																																														
						14. EST. BUILDING COST w/o LAND																																														
						\$ _____																																														
I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this 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 and the owner shall sign the statement on the back of the permit if not signing below. 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.																																																				
<input type="checkbox"/> 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 Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.																																																				
APPLICANT (Print): _____			Sign: _____			DATE _____																																														
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.																																																		
ISSUING JURISDICTION		X Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State → SARATOGA			State-Contracted Inspection Agency#: _____		Municipality Number of Dwelling Location _____ 7 _____ 1 - 0 _____ 3 _____ 6 _____																																													
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:																																														
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control				Name _____ Date _____ Tel. _____ Cert No. 1021521																																														

New Dwelling Checklist

Owner _____ Parcel # (see sanitary permit) _____
Builder _____ Permit # (building Inspector assigns) _____
House Address (municipality) _____

APPLICATION REQUIREMENTS:

___ Building Permit (filled out online at Department of Safety and Professional Services website – must have certification numbers of all contractors)

___ Sanitary Permit (county)

___ Elevation Drawings (all levels – all sides)

___ Plot Plan (usually found included with the sanitary permit)

___ Floor Plan (all floor levels, including basement and foundation; decks or porches, listing the use and dimensions of each room; location, size and configuration of doors and windows; including type and glass size)

___ Plumbing plan (showing location of fixtures, including laundry tub, clothes washer, sump(s), floor drain(s), garbage disposal, water heater and rough-ins for future fixtures)

___ HVAC (location of chimneys, heating and cooling appliances and a heating distribution layout)

___ Electrical Plan (showing location of receptacles, lights, switches, main distribution panel, smoke detectors and carbon monoxide detectors)

Braced wall Plan (location and construction details of braced wall lines & braced wall panels in those lines)

___ RESCheck or equivalent (usually done by furnace installer, need energy certificate to place on electrical panel)

___ Driveway permit (if required)

___ County shoreland/floodplain zoning permit if within 300' of a stream or 1,000' of a lake (WOOD)

Erosion Control Plan

★ Plumbing plan, HVAC plan, Electrical Plan and Braced Wall Plan can each be drawn on copies of the floor plans.

2017 ONE AND TWO FAMILY DWELLING INSPECTION REQUIREMENTS

FOOTINGS: before pouring with any rebar per plan

IN FLOOR PLUMB: with air test on, before pouring

IN FLOOR HEAT: with insulation and vapor barrier, before pouring concrete

FOUNDATION: after walls are stripped (if poured) or after block is sealed

ELECTRIC SERVICE: when installed

FRAMING ROUGH IN: when complete and visible

ELECTRICAL ROUGH IN: when complete, before covering

PLUMBING ROUGH IN: when complete with air test

(rough in inspections can all be done at once or separate)

INSULATION INSPECTION: before covering

FINAL – prior to occupancy; Dwelling may not be occupied until final inspection revealing no violations that could affect health or safety of occupants.

(All other non-mandatory inspections are done at request of contractors or Home Owners)

Completion is required within two years of the date of permit.

Check with municipality for setback requirements.

REMEMBER: Building Codes are a minimum, not a *design spec*.

www.dsps.wi.gov