

	<h2 style="color: red;">Permit Application</h2> <p style="color: red;">(Building, HVAC, Electrical, Plumbing, Fire Protection)</p> <p>Building Inspection Department 160 S. Macy Street, Fond du Lac, WI 54935 Phone (920) 322-3570 fdlinspections@fdl.wi.gov</p>	Address of Project:
		Lot #/Subdivision:
Owner Information:		
Name: Email (if desired):		
Address:		
Day Phone:	Evening Phone:	Fax:
Contractors: (List All That Apply)		
Contractor Credential Requirements: All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Industry Services. Contractors are also required to only subcontract with contractors that hold appropriate contractor credentials.		
General/Structure: Email:		Phone:
Address:		Contact Person:
Dwelling Contractor #:	Exp. Date:	Dwelling Qualifier #:
		Exp. Date:
Electrical: Email:		Phone:
Address:		Contact Person:
Electrical Contractor #:	Exp. Date:	Master Electrician Cert #:
		Exp. Date:
HVAC: Email:		Phone:
Address:		Contact Person:
HVAC Contractor #:	Exp. Date:	HVAC Qualifier Cert #:
		Exp. Date:
Plumbing: Email:		Phone:
Address:		Contact Person:
Master Plumber Cert #:	Exp. Date:	
Project Information Details: (Check and/or Complete All That Apply)		
<input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> New Construction <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Principle Structure <input type="checkbox"/> Seasonal Use <input type="checkbox"/> Permanent Use <input type="checkbox"/> Other:		
Description of Project:		
Total Cost of Project Overall: \$		Cost of Construction Work: \$
Cost of Electrical work: \$	Cost of HVAC Work: \$	Cost of Plumbing Work: \$
Building Type: <input type="checkbox"/> Multifamily <input type="checkbox"/> Condominium <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Dwelling-1 Family House <input type="checkbox"/> Dwelling-2 Family		
Occupancy Type: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental Occupied <input type="checkbox"/> # of Units in Building _____		
Furnace Replacement Info: <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler Vent Type: <input type="checkbox"/> Power Vent <input type="checkbox"/> Natural Draft BTU:		
Air Conditioner Replacement Info: Type:		Tonnage:
Demolition/Moving Permit Requirements:		
<input type="checkbox"/> Moving Existing Structure--deposit required <input type="checkbox"/> Demo-- <input type="checkbox"/> Garage <input type="checkbox"/> 1 Story home under 1200sqf <input type="checkbox"/> All Others <input type="checkbox"/> Sewer Disconnect		
<input type="checkbox"/> Early Start Permit:		
We, the undersigned, request to begin footing and foundation work prior to approval of the plans in accordance with SPS 320.09, SPS 361.32 and the city's Municipal Code. Plans have been submitted to the Building Inspection Department and all information requested by Code has been included with the submittal. We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the foundation and or footings. We agree to proceed with the footings and foundation only and will not continue with the remainder of the building or structure until Building Permit fees have been paid , the permit has been issued and permit has been posted.		

New Construction Details: (For Use With Additions and New Construction Only) Fond du Lac Municipality #20-226

Submittals: <input type="checkbox"/> Approved Drainage Plan <input type="checkbox"/> Erosion Control Plan <input type="checkbox"/> Energy Worksheet	Square Footage:
<input type="checkbox"/> State Approved Drawings <input type="checkbox"/> Building Plans-Electronic or 11x17 <input type="checkbox"/> Site Plans	Unfinished:
Building Height: Number of Stories: Electrical Panel Amps:	Finished:
Foundation Type: <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Other:	Garage:
Construction Type: <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Mfd. Per WI UDC <input type="checkbox"/> Mfd. Per US HUD <input type="checkbox"/> Other:	Other:
<input type="checkbox"/> One acre or more of soil will be disturbed	
Heat Loss: Total Building Heating Load from Energy Worksheet in BTU/HR	Total:

(For Office Use Only) Wisconsin State Seal # _____ Setbacks: Front: _____ ft Rear: _____ ft Left: _____ ft Right: _____ ft Zoning District: _____

Plumbing Details: (Check All That Apply)

<input type="checkbox"/> Water Heater New or Replacement Info: Fuel Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas----Vent Type: <input type="checkbox"/> Power Vent <input type="checkbox"/> Natural Draft
<input type="checkbox"/> New Water Service Connection <input type="checkbox"/> Water Meter <input type="checkbox"/> Grease Interceptor <input type="checkbox"/> Turf Sprinklers
<input type="checkbox"/> Water Service Repair <input type="checkbox"/> Sewer Lateral Repair <input type="checkbox"/> Storm Lateral Repair <input type="checkbox"/> Sewer/Storm Disconnect
<input type="checkbox"/> Linear Feet of New Sanitary Pipe _____ <input type="checkbox"/> Linear Feet of New Storm Pipe _____ <input type="checkbox"/> New/Replace Water Softener

of Existing Fixtures Being Replaced _____ # of New Fixtures Being Installed/Roughed in _____

(A fixture is anything connected to the water supply or sewer system including but not limited to: clothes washer, floor drain, site drain, any sink, toilet/urinal, air admittance valve, soda fountain, ice machine, catch basin, garbage disposal, hose bib, beer tap, bath tub/shower, sump pump, ejector pump, roof drains)

Fire Sprinkler Protection: (Complete If Applies)

Contractor: _____ Email: _____	Phone: _____
Address: _____	Contact Person: _____
<input type="checkbox"/> # of Sprinkler Heads Being Installed/Altered: _____ Cost of Fire Protection Project: \$ _____	

CAUTIONARY STATEMENT TO OWNERS OBTAINING BUILDING PERMITS

101.65 (1r) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s.101.654(2)(a), the following consequences might occur:

- a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.
- b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one and 2 family dwelling code or an ordinance enacted under sub. (1)(a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

You are hereby advised that the owner, as defined in 101.01(2) (e) of Wisconsin State Statutes, is responsible for all code requirements not specifically cited herein. Projects Involving Building Built Before 1978: If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 square feet or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply.

Wetlands Notice to Permit Applicants: You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural resources wetlands identification web page or contact a Department of Natural Resources service center.

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code, Wisconsin Enrolled Commercial Building Code, and all other applicable codes and municipal ordinances and with the conditions of this permit. The applicant understands that the issuance of the permit creates no legal liability, express or implied, on the department or municipality: and certifies that the information is accurate. The applicant agrees to allow the building inspection and assessing staff to access to the property for the inspection of this permit.

Applicant Signature agrees to the terms of this Permit Application: (Sign Below)

Primary Applicant: Owner Contractor Other:

Primary Applicant Name(Print): _____ Phone: _____

Primary Applicant Signature: _____ Date: _____

The primary applicant is responsible for calling and scheduling all inspections to close out the permit once work is complete.