

Wisconsin Division of Safety and Buildings
Wisconsin Stats. 101.63, 101.73



Village of Eagle
820 E. Main St. • P.O. Box 295 • Eagle, Wisconsin 53119
For Building Inspection call (262) 594-5134 • Fax (262) 594-5565
Instructions on back of second ply. The information you provide may be used by other government agency programs.
[(Privacy Law, S. 15.04 (1)(m))]

Application No. _____
Parcel No. _____

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name	Mailing Address	Tel.
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. Fax#
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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#

PROJECT LOCATION Lot Area Sq. ft. 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		9. HVAC EQUIP.		12. ENERGY SOURCE					
<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		<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:		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.					
2. AREA INVOLVED (sq ft)			4. CONST. TYPE		7. FOUNDATION		10. SEWER		13. HEAT LOSS					
Unit 1 Unit 2 Total			<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)					
Unfin. Bsmt			5. STORIES		8. USE		11. WATER		14. EST. BUILDING COST w/o LAND					
Living Area			<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other		Municipal <input type="checkbox"/> On-Site Well		\$ _____					
Garage														
Deck														
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. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. 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.

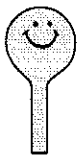
APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

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. See attached for conditions of approval.

ISSUING JURISDICTION Town of Village of City of County of State— State-Contracted Inspection Agency #: _____ Municipality Number of Dwelling Location Agency #: _____

FEES		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	<input type="checkbox"/> Construction				Name _____	
Inspection	\$ _____	<input type="checkbox"/> HVAC				Date _____	Tel. _____
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Electrical				Cert. No. _____	
Other	\$ _____	<input type="checkbox"/> Plumbing					
Total	\$ _____	<input type="checkbox"/> Erosion Control					

Valuation: \$ _____ Ck# _____ Rec'd by _____ Date Rec'd ____/____/____ Total Fees: \$ _____



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PERMIT NO.
TAX KEY#
BUILDING PERMIT #

PLUMBING Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	BONDING INSURANCE COMPANY	MASTER PLUMBER'S LICENSE NUMBER

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITIONS, REMODELLING	Base Fee	EACH	COUNT	FEE
	Fee	\$35.00	_____	_____
		.05/sq. ft. for all areas	_____ sq. ft.	_____

REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

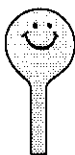
	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	6.00	_____	_____	25. Fire Suppression Systems -			
2. Sink/Dishwasher	6.00	_____	_____	Restaruant Stoves, Fryers, Broilers	45.00	_____	_____
3. Garbage Grinder	6.00	_____	_____	26. Sanitary Building Drain			
4. Water Closet/Urinal	6.00	_____	_____	First 75 Feet	45.00	_____	_____
5. Shower/Lavatory	6.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
6. Laundry Tray	6.00	_____	_____	27. Storm Building Drain			
7. Bath Tub	6.00	_____	_____	First 75 Feet	45.00	_____	_____
8. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
9. High Pressure Boiler	25.00	_____	_____	28. Manhole	10.00	_____	_____
10. Drinking Fountain	6.00	_____	_____	29. Catch Basin	6.00	_____	_____
11. Floor Drain/Sight Drain	6.00	_____	_____	30. Water Service			
12. Sillcock	6.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
13. Water Heater	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
14. Wash Fountain	6.00	_____	_____	31. Sanitary Building Sewer			
15. Sump Pump	6.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
16. Ejectors or Pump	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
17. Water Softener	6.00	_____	_____	32. Storm Building Sewer			
18. Storm Sewer Conductor	6.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
19. Backflow Prevention Device	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
20. Plan Review	15.00	_____	_____	33. Extension of House Drain			
21. Sprinkler Heads (10¢ each) Minimum	15.00	_____	_____	Where Fixtures			
22. Fire Hose Rack	6.00	_____	_____	Already Installed	45.00	_____	_____
23. Fire Department Connection	6.00	_____	_____	34. Septic Abandonment	35.00	_____	_____
24. Hydrant	6.00	_____	_____	35. Other _____	25.00	_____	_____

Minimum Permit Fee.....\$45.00 Each
 Reinspect Fee.....\$45.00 Each
 Failure to call for inspection.....\$45.00 Each
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call 262-594-5134. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ * _____ Date _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification No. _____
NO REFUNDS ON PERMITS	Rec. By _____		



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PERMIT NO.
TAX KEY#
BUILDING PERMIT #

HEATING, VENTILATING & AIR CONDITIONING Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	LICENSE NUMBER	
LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITIONS, REMODELLING		EACH	COUNT	FEE
		Base Fee.....	\$35.00	
Fee	(Min. \$70.00)05/sq. ft. for all areas	Sq. ft.	

REPLACEMENT AND MODIFICATIONS OF HEATING AND AIRCONDITIONING EQUIPMENT & MISC. ITEMS

Gas, oil, electric and coal furnace and boiler			
One and two family - first 150,000 BTU	\$45.00		
Commercial - First 150,000 BTU	\$45.00		
All over 150,000 BTU	\$3/50,000BTU		
Air Conditioning One and two family	\$45.00		
Commercial	\$45.00		
All over 36,000 BTU	\$2/12,000BTU		
Fireplace and Woodburning stove.....	\$45.00		
Electric baseboard, wall unit and cabinet unit.....	1.25/kw		
Duct Work Alteration	\$45.00		
Other			

Minimum Permit Fee \$45.00
 Reinspection Fee \$45.00 each
 Failure to call for inspection..... \$45.00 each

DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

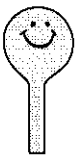
The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call 262-594-5134. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

CONDITIONS OF APPROVAL: This permit is issue pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial, and buildings housing over two families shall have **State Approved** heating plans with this applications. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-594-5134 for inspections. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification No. _____

NO REFUNDS ON PERMITS



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PERMIT NO.
TAX KEY#
BUILDING PERMIT #

ELECTRICAL Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	LICENSE NUMBER	

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITIONS, REMODELLING		EACH	COUNT	FEE
		Base Fee.....	\$35.00	_____
Plus05/sq. ft. for all areas	_____ sq. ft.	_____	_____

REPLACEMENT, MODIFICATIONS and MISC. ITEMS

1. Light, switch, and convenience outlet75	_____	_____
2. Power receptacle over 150 volts, first 30 amps	8.00	_____	_____
Over 30 amps.....	6.00	_____	_____
3. Lighting fixtures - incandescent40	_____	_____
4. Tubular lamp, such as florescent, per tube25	_____	_____
5. Arc light, search light, floodlight, HID light pole base and poles.....	3.00	_____	_____
6. Temporary service and temporary wiring installation	25.00	_____	_____
7. Service switch, each or alteration thereof:			
First 200 amperes.....	25.00	_____	_____
Over 200 amperes - additional per 100 amps or a fraction thereof.....	15.00/100 amps	_____	_____
8. Feeder, subfeeder, and raceway per 100 ampere capacity, or fraction thereof.....	8.00/100 amps	_____	_____
9. Refrigeration unit up to 5HP plus 1.00 per HP over 5	6.00	_____	_____
10. Residential gas burner, oil burner, electrical furnace.....	5.50	_____	_____
11. Air conditioner up to 5 ton, Plus 1.00 per ton over 5 ton	6.00	_____	_____
12. Combination heating and air conditioning unit up to 5 ton.....	10.00	_____	_____
Over 5 ton.....	20.00	_____	_____
13. Range, oven, clothes dryer, dishwasher, disposal, water heater	6.50	_____	_____
14. Each motor, per HP or fraction thereof	50 HP/1.00 Min.	_____	_____
15. Dispenser - gasoline, fuel oil, permanent vending machines, and well pump	7.00	_____	_____
16. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace50/kw	_____	_____
17. Electric unit heating device (including remote thermostat).....	4.00	_____	_____
18. Dimmer and rheostats.....	2.00	_____	_____
19. Swimming pool (electrical wiring and grounding)	40.00	_____	_____
20. Sign - fluorescent, neon or incandescent	15.00	_____	_____
21. Strip lighting, plug-in strip, trolley duct wire way, gutter50 ft.	_____	_____
22. Audible or visual electric signal or communication device.....	1.00	_____	_____
23. Fans - Bath - Paddle and miscellaneous under 1 HP.....	1.00	_____	_____
24. Hydro Massage & Hot Tubs	40.00	_____	_____
25. Photo cell, clocks, smoke detectors.....	3.00	_____	_____
26. Fire alarm system, exit lighting system.....	15.00	_____	_____
27. Approved assemblies not included above and others.....	25.00	_____	_____
28. Sanitary Ejector/Grinder Pump & Control Box	35.00	_____	_____
29. Other (specify).....	25.00	_____	_____
Minimum Permit Fee	\$45.00 each	_____	_____
Reinspect Fee	\$45.00 each	_____	_____
Failure to call for inspection	\$45.00 each	_____	_____

DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

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