

FOR INSPECTIONS CALL: _____		<b>GENERAL BUILDING PERMIT APPLICATION</b> GENERAL ENGINEERING COMPANY Township of Baraboo				PERMIT # _____	
						EXPIRATION DATE: _____	
Parcel Number: _____		Property is Located in <input checked="" type="checkbox"/> Town of _____		Village of _____ <input type="checkbox"/> City of _____		Municipality Number 56-002	
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)						Does this project require any additional approvals or permits? <input type="checkbox"/> yes <input type="checkbox"/> no	
Building Project Address: _____						Finished Project Value \$ _____	
Zoning District(s): _____		Zoning Permit No.: _____		Corner Lot <input type="checkbox"/> yes <input type="checkbox"/> no		Bldg. Height Ft. _____	Setbacks: Front _____ Rear _____ Left _____ Right _____
Owner's Name(s) _____			Mailing Address _____			Telephone _____	
						Email _____	
Contractor Name & Type _____			Licen. / Cert # _____	Exp. Date _____	Mailing Address _____		Telephone & Email _____
Construction Contractor _____							Tel. _____
							Email _____
Dwelling Contractor Qualifier _____					The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		Tel. _____
							Email _____
HVAC Contractor _____							Tel. _____
							Email _____
Electrical Contractor _____							Tel. _____
							Email _____
Master Electrician _____							Tel. _____
							Email _____
Plumbing Contractor _____							Tel. _____
							Email _____
<b>RESIDENTIAL</b> Single Family/Duplex	Addition: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control						
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft						
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.						
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____						
<b>COMMERCIAL</b>	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control						
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp _____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)						
	State of Wisconsin Plan Approval Needed: <input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)						
<b>Zoning – When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.</b>							
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 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 of this application. 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. <b>It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.</b>							
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.							
<b>BELOW SECTION FOR OFFICE USE ONLY</b>							
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>			<b>PERMIT ISSUED BY:</b>		
Construction \$ _____		<input type="checkbox"/> Construction			Name Pete Giese		
Plumbing \$ _____		<input type="checkbox"/> HVAC			Date _____ Telephone 608-697-7778		
Electrical \$ _____		<input type="checkbox"/> Electrical			Cert No. 848719 Census Code _____		
HVAC \$ _____		<input type="checkbox"/> Plumbing					
Zoning \$ _____		<input type="checkbox"/> Erosion Control					
Other \$ _____		<input type="checkbox"/> Other _____					
Administrative \$ _____							
Total Permit Fee \$ _____							