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| **RISE LLC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mike Bembenek  Building Inspector  7146 State Highway 66  Custer, WI 54423  [mikebembenekinspector@gmail.com](mailto:mikebembenekinspector@gmail.com) 715-570-8378 | | | | **WISCONSIN UNIFORM BUILDING**  **PERMIT APPLICATION**  Town of Alban | | | | | | | | | | | | | | | | | | Application No. | | | | | | | | |
| Parcel No. | | | | | | | | |
| **PERMIT REQUESTED** | | | | **🞎** Constr. **🞎**HVAC **🞎**Electric **🞎**Plumbing 🞎 Erosion Control 🞎 Other: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner’s Name | | | | | | | | Mailing Address | | | | | | | | | | | | | | | phone #: | | | | | | | |
| **Contractor Name & Type** | | | | | | | | **Lic/Cert #** | | | | | | **Mailing Address** | | | | | | | | | |  | | | | | | |
| Dwelling Contractor (Constr.) | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |
|  | | | | | | |
| Dwelling Contr. Qualifier | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |
|  | | | | | | |
| HVAC | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |
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| Electrical | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |
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| Plumbing | | | | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | |
|  | | | | | | |
| **PROJECT**  **LOCATION** |  | | | | | |  | | | | | |  | | | | | \_\_ | | | | | | | | | | | | |
| Building Address | | | | | | | | | | | County | | | | | |  | | | | | | |  | | |  | | | |
|  | | | | | Zoning Permit No. | | | | |  | | | | | | |  | | | |  | | |  | | | |  | | |
| **1. PROJECT** | | | **3. OCCUPANCY** | | | | | | **6. ELECTRIC** | | | | | | **9. HVAC EQUIP.** | | | | **12. ENERGY SOURCE** | | | | | | | | | | | |
| □New 🞎Repair  🞎Alteration 🞎Raze  🞎Addition 🞎Move  🞎Other: | | | 🞎Single Family  🞎Two Family  🞎Garage  □Other: | | | | | | Entrance Panel  Amps:  □Underground  🞎Overhead | | | | | | 🞎Furnace  🞎Radiant Basebd  🞎Heat Pump  🞎Boiler  🞎Central AC  □Fireplace  🞎Other | | | | Fuel | | | Nat Gas | | LP | Oil | Elec | | | Solid | Solar |
| Space Htg | | | 🞎 | | 🞎 | 🞎 | 🞎 | | | 🞎 | 🞎 |
| Water Htg | | | 🞎 | | 🞎 | 🞎 | 🞎 | | | 🞎 | 🞎 |
|  | | | | | | | | | | | |
| **7. WALLS** | | | | | |
| **2.AREA INVOLVED (sq. ft.)** | | | **4. CONST. TYPE** | | | | | | □Wood Frame  🞎Steel  □ICF  🞎Timber/Pole  🞎Other: | | | | | | **13. HEAT LOSS** | | | | | | | | | | | |
|  | | | □Site-Built  🞎Mfd per WI UDC  🞎Mg. per US HUD | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BTU/HR  Total Calculated Envelope and Infiltration Losses (available from “Total Building Heating Load” on Rescheck report) | | | | | | | | | | | |
| **10. SEWER** | | | |
| 🞎Municipal  🞎Sanitary Permit #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **5. STORIES** | | | | | | **8. USE** | | | | | |
| □1-Story  🞎2-Story  🞎Other:  🞎Plus Basement | | | | | | 🞎Seasonal  □Permanent  🞎Other: | | | | | |
| **11. WATER** | | | | **14. EST. BUILDING COST w/o Land** | | | | | | | | | | | |
| □Municipal  □On-Site Well | | | | **$** | | | | | | | | | | | |
| I agree to comply with 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..  □ **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.**  **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. □ **See attached for conditions of approval.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ISSUING**  **JURISDICTION** | | Town of Alban | | | | | | | | | | | | | |  | | | | | | Municipality Number of Dwelling Location  4 9 – 002 | | | | | | | | |
| **FEES:** | | | | | | **PERMIT(S) ISSUED** | | | | | | **WIS PERMIT SEAL #** | | | | | | | | **PERMIT ISSUED BY:** | | | | | | | | | | |
| Plan Review/inspect  Wis. Permit Seal  Total $  Sign permit, Make check payable to RISE LLC & mail all to Mike at the address in the top left corner of the permit. | | | | | | ☑Construction  🞎HVAC  □Electrical  🞎Plumbing  🞎Erosion Control  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | | | | | | Name MIKE BEMBENEK  Date\_\_ Telephone No. 715-570-8378  Cert No. 7 0 1 9 9 | | | | | | | | | | |