

PERMIT NO. \_\_\_\_\_  
 TAXKEY# \_\_\_\_\_

<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	<b>PROJECT LOCATION</b> (Building Address)	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
	OF _____ COUNTY: _____	<b>PROJECT DESCRIPTION</b>	

Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Construction Contractor (DC Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Dwelling Contractor Qualifier (DCQ Lic No.) _____	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code _____
Plumbing Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Electrical Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
HVAC Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____

<b>PROJECT INFORMATION</b>		Subdivision Name _____		Lot No. _____	Block No. _____
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks	Front FL	Rear FL	Left FL
					Right FL
<b>1a. PROJECT</b>	<b>3. TYPE</b>	<b>6. STORIES</b>	<b>9. HVAC EQUIPMENT</b>		<b>12. ENERGY SOURCE</b>
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____		Fuel _____ Nat. Gas _____ LP. _____ Oil _____ Elec. _____ Solid _____ Solar _____
<b>1b. GARAGE</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>10. PLUMBING</b>		Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	<b>Sewer</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____		
<b>2. AREA</b>	<b>5. ELECTRICAL</b>	<b>8. USE</b>	<b>11. WATER</b>		<b>13. HEAT LOSS (Calculated)</b>
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: _____ New _____ Rewire Phase _____ Volts Underground _____ Overhead _____ Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU/Hr
					<b>14. ESTIMATED COST</b>
					\$ _____

I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants 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 Notice to Permit Applicants form. 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 Notice to Permit Applicants form.

**APPLICANT (PRINT):** \_\_\_\_\_ **SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVAL CONDITIONS** This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

**INSPECTIONS NEEDED** Building  Footing  Foundation  Rough  Insulation  Bsmt. Fl.  Final  
 Electric  Rough  Service  Final Plumbing  Rough  Underfloor  Final HVAC  Rough  Final

<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	SEAL NO. _____	Municipality No. _____
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<b>RECEIPT</b> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	<b>PERMIT EXPIRATION:</b> Permit expires two years from date issued unless municipal ordinance is more restrictive.
		<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> Name _____ Date _____ Certification No. _____	

EXHIBIT C - MUNICIPAL FEE SCHEDULE

TOWN OF BROOKLYN, WISCONSIN

Residential Building - 1 & 2 Family	Fee Description	Fee	Minimum
New Dwelling/Addition	per square foot	\$0.14	\$125.00
Plan Review	per permit	\$100.00	\$100.00
Erosion Control	new home	\$100.00	
Erosion Control	addition	\$75.00	
Remodel/Alteration	per thousand of valuation	\$8.00	\$125.00
Plan Review of remodel/alteration	per permit	\$50.00	
Accessory Structure / Deck	per square foot	\$0.14	\$60.00
Occupancy Permit	per dwelling unit	\$50.00	
Early Start Permit (footing & foundation)	per dwelling unit	\$50.00	
Residential Plumbing	Fee Description	Fee	Minimum
New Building/Addition/Alterations	base fee + per square foot	\$40.00 base + \$ 0.05	\$50.00
(Alterations based on sq. ft. of alteration)			
Replacement & Misc. Items	per thousand of plumbing valuation	\$10.00	\$50.00
Residential Electrical	Fee Description	Fee	Minimum
New Building/Addition/Alterations	base fee + per square foot	\$40.00 base + \$ 0.05	\$50.00
(Alterations based on sq. ft. of alteration)			
Replacement & Misc. Items	per thousand of electrical valuation	\$10.00	\$50.00
Residential HVAC	Fee Description	Fee	Minimum
New Building/Addition/Alterations	base fee + per square foot	\$40.00 base + \$ 0.05	\$50.00
(Alterations based on sq. ft. of alteration)			
Replacement & Misc. Items	per thousand of HVAC valuation	\$10.00	\$50.00
Residential Miscellaneous	Fee Description	Fee	Minimum
Razing Fee	per square foot	\$0.05	\$75.00
Other		\$50.00	\$50.00
Re-inspection	per inspection	\$50.00	\$50.00
Failure to request an inspection	per occurrence	\$50.00	\$50.00
Work started before Permit issuance	per occurrence	Double normal fees	
Permit Renewal	per occurrence	50% of fee; current fee schedule	
State of Wisconsin Fee	Fee Description	Fee	Minimum
State Seal	Municipality retains 100%	\$50.00	\$50.00