

Town of Burlington

Permit Application
Building Inspection Dept.
(262) 763-3004

PERMIT NO. _____

TAX KEY# _____

SITE ADDRESS _____

- One and Two Family
 Commercial

PROPOSED PROJECT

Owner's Name _____ DCL / DCQ / LIC # _____ Address _____ Telephone _____

General Contractor _____

Construction Contractor _____

Plumbing Contractor (Lic No.) _____

Electrical Contractor (Lic No.) _____

HVAC Contractor _____

PROJECT INFORMATION

Zoning District _____ Zoning Permit # _____ Subdivision Name _____ Lot No. _____ Block No. _____

PROJECT	TYPE	ELECTRICAL	HVAC EQUIPMENT	ENERGY SOURCE																								
<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"/> Other	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<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 _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Fuel</td> <td style="width: 10%;">Nat. Gas</td> <td style="width: 10%;">L.P.</td> <td style="width: 10%;">Oil</td> <td style="width: 10%;">Elec.</td> <td style="width: 10%;">Solid</td> <td style="width: 10%;">Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Fuel	Nat. Gas	L.P.	Oil	Elec.	Solid	Solar	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"/>			
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GARAGE	CONST. TYPE	FOUNDATION	PLUMBING	HEAT LOSS (Total)																								
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____																									
AREA	STORIES	USE	WATER	ESTIMATED COST																								
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well				\$ _____																					

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created 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) 763-3004. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ **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.

FEES:	PERMIT(S) ISSUED	Muni: # 5 1 - 0 0 2
Building Fee _____ WI Seal _____ Plumbing Fee _____ Electric Fee _____ HVAC Fee _____ Other Fee _____ TOTAL _____	Plmb. # _____ Elec. # _____ HVAC # _____	PERMIT ISSUED BY Name _____ Date _____ Certification No. _____