715-732-5128 Call for inspections ®	# WI UNIFORM PERMIT APPLICATION	PERMIT NO.
		TAX KEY #

City of Marinette	☐ TOWN ☐ VILLAGE ☐ CITY OF _____ COUNTY: _____	**PROJECT LOCATION** (Building Address)	
		PROJECT DESCRIPTION	☐ COMMERCIAL ☐ ONE & TWO FAMILY

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

PROJECT INFORMATION

Subdivision Name	Lot No.	Block No.

Zoning District	Lot Area Sq. Ft.	N.S.E.W. **Setbacks**	Front Ft.	Rear Ft.	Left Ft.	Right Ft.

1a. PROJECT
☐ New   ☐ Addition ☐ Raze
☐ Alteration ☐ Repair ☐ Move

☐ Other _____

1b. GARAGE
☐ Attached   ☐ Detached

2. AREA
Basement _____ Sq. Ft.
Living Area _____ Sq. Ft.
Garage _____ Sq. Ft.
Other _____ Sq. Ft.
TOTAL _____

3. TYPE
☐ Single Family
☐ Two Family
☐ Multi
☐ Commercial

4. CONST. TYPE
☐ Site Constructed
☐ Mfd. UDC
☐ Mfd. HUD

5. ELECTRICAL
Entrance Panel
Size: _____ amp
Service: ☐ New ☐ Rewire
_____ Phase _____ Volts
☐ Underground
☐ Overhead
Power Company: _____

6. STORIES
☐ 1-Story
☐ 2-Story
☐ Other
_____

7. FOUNDATION
☐ Concrete
☐ Masonry
☐ Treated Wood
☐ ICF
☐ Other _____

8. USE
☐ Seasonal
☐ Permanent
☐ Other
_____

9. HVAC EQUIPMENT
☐ Forced Air Furnace
☐ Radiant Baseboard or Panel
☐ Heat Pump
☐ Boiler
☐ Central Air Conditioning
☐ Other _____

10. PLUMBING
Sewer
☐ Municipal
☐ Septic No. _____

11. WATER
☐ Municipal Utility
☐ Private On-Site Well

12. ENERGY SOURCE

Fuel	Nat. Gas	L.P.	Oil	Elec.*	Solid	Solar
Space Htg	☐	☐	☐	☐	☐	☐
Water Htg	☐	☐	☐	☐	☐	☐

*☐ Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.

13. HEAT LOSS (Calculated)
Total _____ BTU//HR

14. ESTIMATED COST
$ _____

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

FEES:	**PERMIT(S) ISSUED**	SEAL NO. _____	Municipality No. __ __ - __ __ __

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