

FOR INSPECTIONS CALL: _____		GENERAL BUILDING PERMIT APPLICATION					PERMIT #	
		GENERAL ENGINEERING COMPANY P.O. BOX 340 PORTAGE, WI 53901 OFFICE: (608) 745-4070					EXPIRATION DATE:	
Parcel Number:		<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Inspection Agency #					Municipality Number _____	
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 Address:			Responsible Party Email 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		Mailing Address			Telephone			
					Fax			
Construction Contractor's Name		WI Lic. No.	Mailing Address			Telephone		
						Fax		
Dwelling Contractor Qualifier		WI Lic. No.	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.			Telephone		
						Fax		
HVAC		WI Lic. No.	Mailing Address			Telephone		
						Fax		
Electrical		WI Lic. No.	Mailing Address			Telephone		
						Fax		
Plumbing		WI Lic. No.	Mailing Address			Telephone		
						Fax		
RESIDENTIAL 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"/> _____							
COMMERCIAL	New Commercial Building: <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"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____							
	State of Wisconsin Plan Approval Needed: <input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)							
Zoning – When applicable, must obtain a copy of setback information regarding height, lot coverage, etc.								
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. <i>It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.</i>								
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.								
FEES:		PERMIT(S) ISSUED			PERMIT ISSUED BY:			
Construction	\$ _____	<input type="checkbox"/> Construction			Name _____			
Plumbing	\$ _____	<input type="checkbox"/> HVAC			Date _____ Telephone _____			
Electrical	\$ _____	<input type="checkbox"/> Electrical			Cert No. _____			
HVAC	\$ _____	<input type="checkbox"/> Plumbing						
Zoning	\$ _____	<input type="checkbox"/> Erosion Control						
Other _____	\$ _____	<input type="checkbox"/> Other _____						
Administrative	\$ _____							
Total Permit Fee	\$ _____							

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