

City of Monona 5211 Schluter Road Monona, WI 53716 (608) 222-2525		CITY OF MONONA PERMIT APPLICATION	Permit No. Parcel No.
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PERMIT REQUESTED	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion <input type="checkbox"/> Other:
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Owner's Name	Mailing Address	Tel.
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
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		Tel.
		FAX

PROJECT LOCATION	Lot area	Sq. ft.	of Section _____, T _____ N, R _____ E (or) W
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Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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Project Description:

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</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></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more electric space heating equip. Infiltration control option is <input type="checkbox"/> Sealing of all joints <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior air infiltration barrier	Fuel	Nat Gas	LP	Oil	Elec.	Solid	Solar	Space Htg							Water Htg						
Fuel	Nat Gas	LP	Oil	Elec.	Solid	Solar																			
Space Htg																									
Water Htg																									
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS (Calculated)																					
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft TOTAL _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> UDC <input type="checkbox"/> HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic Permit No.: _____	Envelope _____ BTU/HR Infiltration _____ BTU/HR																					
	5. STORIES	8. USE	11. WATER	14. ESTIMATED BUILDING COST																					
	<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	\$ _____																					

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. 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.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

FEES:	APPROVAL CONDITIONS	The permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.		
Early Start				
Building				
Electrical				
Plumbing				
HVAC				
MMSD		ISSUING JURISDICTION	<input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: WI	Municipality Number of Dwelling Location
Park Fund			City of Monona	1 3 - 2 5 8
Erosion Control		PERMIT(S) ISSUED	WIS. PERMIT SEAL #	PERMIT ISSUED BY:
Wis. Seal		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion <input type="checkbox"/> Other:	(For New UDC Homes Only)	Name _____
Occupancy				Date _____
Water Impact				Tel No. <u>608-222-2525</u>
Stormwater				Cert. No. _____
Other:				
TOTAL: \$				

Copies to: Issuing Jurisdiction, State (if new dwelling), Inspector, and Owner/Agent

Cautionary Statement to Owners Obtaining Building Permits

Sec. 101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under Sec. 101.654 (2) (a) the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one and two family dwelling code or an ordinance enacted under sub.(1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

Cautionary Statement to Contractors for Projects Involving Building Built Before 1987

If this project is a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft or more of paint per room, 20 sq. ft or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-safe Renovation Training and Certification apply. Call (608)261-6876 or go to: <http://dhs.wisconsin.gov/lead/WisconsinRRPRule.htm> for details of how to be in compliance.

Wetlands Notice to Permit Applicants

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

OWNER-APPLICANT'S SIGNATURE: _____ Date: _____