

**CITY OF KEWAUNEE**

City Hall: 920-388-5000  
 Facsimile: 920-388-5025  
 Inspector: 920-388-5005

**BUILDING - PLUMBING  
 ELECTRIC - HVAC  
 PERMIT APPLICATION  
 AND RECORD**

PERMIT NO.	_____
PARCEL #	_____
FEE \$	_____
DATE	_____

Owner's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor's License No. \_\_\_\_\_ Architect \_\_\_\_\_ State Plan Approval No. \_\_\_\_\_

**PROJECT LOCATION** \_\_\_\_\_ Zoning District \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Building Address \_\_\_\_\_

NATURE OF WORK		DESCRIPTION OF WORK				
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Remodeling <input type="checkbox"/> Repair <input type="checkbox"/> Garage <input type="checkbox"/> Siding <input type="checkbox"/> Other	<input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Pool <input type="checkbox"/> Sign <input type="checkbox"/> Fence <input type="checkbox"/> Wrecking <input type="checkbox"/> Moving <input type="checkbox"/> Roof <input type="checkbox"/> Windows	OCCUPANCY	REQUIRED SETBACKS	FOUNDATION	DIMENSIONS	ESTIMATED BUILDING COST
		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Commercial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other	Front _____ Ft. Rear _____ Ft. Left _____ Ft. Right _____ Ft.	<input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Part Basement <input type="checkbox"/> Full Basement <input type="checkbox"/> Post <input type="checkbox"/> Other	Width _____ Length _____ Height _____ # of Stories _____	\$ _____  PERMIT FEE:
HEIGHT	_____					
AREA	Basement _____	Living Space _____ Sq. Ft.	Garage/Acc. Bldg. _____ Sq. Ft.	Building Volume _____ CF		

**FIXTURES ROUGHED IN FOR AND/OR INSTALLED**

	No.	@ \$	ea.		No.	@ \$	ea.		No.	@ \$	ea.
Sink				Clothes Washer				Wet Bar			
Water Closet				Laundry Tub				Ice Cube Machine			
Lavatory				Floor Drain				Hot Tub			
Bath Tub				Hose Bibb				Lawn Sprinkler System			
Shower Stall				Sump				Fire Suppression Sprinkler Sys.			
Garbage Disposal				Ejector				Other Plumbing Fixtures as defined in ILHR 82 Wi. Administrative Code			
Refrigerator				Roof Drain							
Dishwasher				Grease Trap							
Water Softener				Drinking Fountain							
Water Heater				Urinal							
								<b>TOTAL</b>		<b>\$</b>	

**NEW CONSTRUCTION**

Electrical Service:  Overhead  Underground  
 (Multiply by \_\_\_\_\_ gross square feet)

Residential + \_\_\_\_\_/sq. ft. \_\_\_\_\_

Office, Prof. + \_\_\_\_\_/sq. ft. \_\_\_\_\_

Commercial + \_\_\_\_\_/sq. ft. \_\_\_\_\_

Industrial + \_\_\_\_\_/sq. ft. \_\_\_\_\_

Other + \_\_\_\_\_/sq. ft. \_\_\_\_\_

Permit Fee (with service) \$25.00 \_\_\_\_\_

**TOTAL FEE** \_\_\_\_\_

**HVAC**

Type of System      Type of Fuel      HVAC Permit Fee \$25.00

Warm Air       Gas Fired      + \_\_\_\_\_/sq. ft. \_\_\_\_\_

Steam       Oil Fired      Total \_\_\_\_\_

Hot Water       Coal Fired

Central Air

I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinances of the City of Kewaunee, Wisconsin

Signature \_\_\_\_\_

WI License No. \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

WI License No. \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

WI License No. \_\_\_\_\_ Date \_\_\_\_\_

Upon signature of an authorized member of the Building Inspection Department, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances and regulations.

Inspector \_\_\_\_\_

Cert. No. \_\_\_\_\_ Date \_\_\_\_\_