

Village of Sullivan

BUILDING PERMIT

Permit Application
PO BOX 6
Sullivan, WI 53178

Permit # _____

Parcel/Tax Key # _____

Residential _____
Commercial _____

Call for Inspections 262-490-0513

24 Hour Notice Required

Job Location _____

Description of Work _____

Owner's Info:

Name _____ Address _____ Phone _____

Contractor's Info:

Name _____ Address _____ Phone _____

License No. (D.C. & D.C.Q.)

Name _____ Address _____ Phone _____

HVAC

Name _____ Address _____ Phone _____

Electric

Name _____ Address _____ Phone _____

Plumbing

Name _____ Address _____ Phone _____

Project Information:

Subdivision Name _____

Lot No. _____ Lot Area (sq. Ft.) _____ Zoning Dist. _____

PROJECT	AREA	Sq. Ft.
<input type="checkbox"/> New	Basement (unfinished).....	_____
<input type="checkbox"/> Addition	FBLA (Finished Basement).....	_____
<input type="checkbox"/> Remodel	Living Area.....	_____
<input type="checkbox"/> Raze	Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached.....	_____
<input type="checkbox"/> Other, Explain	Porch.....	_____
	Deck.....	_____
	Other.....	_____
	Total	_____

HEAT LOSS	
Envelope	_____ BTU/HR
Infiltration	_____ BTU/HR

TYPE	ELECTRICAL	HVAC EQUIPMENT
<input type="checkbox"/> Single Family	Panel Size _____ amp	<input type="checkbox"/> Forced Air Furnace
<input type="checkbox"/> Two Family	<input type="checkbox"/> Underground	<input type="checkbox"/> Radiant Baseboard or Panel
<input type="checkbox"/> Other, Explain	<input type="checkbox"/> Overhead	<input type="checkbox"/> Boiler
	<input type="checkbox"/> Other, Explain	<input type="checkbox"/> Central Air
		<input type="checkbox"/> Other, Explain

Total Value Of Project _____

Dept. Estimated Cost _____

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the department, agency, municipality or inspector; and certifies that all the above information is accurate. The building department reserves the right to request documentation to verify Total Value of Project.

*****Note***** Double fees are applied if work is started without a permit. - Reinspection Fee = \$50.00

Signature of Applicant _____

Date _____

For Office Use Only

FEES

Check # _____	Building Inspector's Approval Name _____ Date _____	Building _____
Date _____		WI Seal _____
Rcvd By _____		Electric _____
Seal No. _____		Plumbing _____
Municipal No. _____		HVAC _____
		Other _____
		TOTAL _____

MMS, LLC - 2005