

ONE AND TWO FAMILY DWELLING PERMIT TO START CONSTRUCTION

Application No. _____

Parcel No. _____

| | | | | | | |
|----------------------------|-------------------|---|-----------------|-------------|--------------------------|--|
| Owner's Name | | Mailing Address | | | Tel. | |
| Contractor's Name: | | Lic/Cert# | Mailing Address | | Tel. | |
| | | | | | FAX# | |
| PROJECT INFORMATION | Sanitary Permit # | _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W | | | | |
| Building Address | | Subdivision Name | | Lot No. | Block No. | |
| Zoning District(s) | Zoning Permit No. | Setbacks: | Front ft. | Rear ft. | Left ft. Right ft. | |

I, the undersigned, request to begin footing and foundation work prior to the approval of the plans and issuance of the UNIFORM BUILDING PERMIT per SPS 320.09(5)(b)2. **I agree to proceed with the footing and foundations only**, to obtain footing and foundation inspections prior to covering that work and to not continue with the remainder of the dwelling, including plumbing, electrical and other work, until appropriate approvals and permit(s) have been issued. I agree to make any change required after the plans have been reviewed and to remove or replace all non-code complying parts of the footing and/or foundations.

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this 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 back of the permit if not signing below. 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 reverse side of the last ply of this form.

Applicant Signature _____

Date Signed _____

APPROVAL CONDITIONS This permit issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

| | | | |
|------------------------------|--|--------------------------------------|---|
| ISSUING JURISDICTION | <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State→ | State-Contracted Inspection Agency#: | Municipality Number of Dwelling Location _____ - _____ |
| FEES: | WIS PERMIT SEAL # | PERMIT ISSUED BY: | |
| Permission to Start \$ _____ | | Name _____ | |
| Wis. Permit Seal \$ _____ | | Date _____ Tel. _____ | |
| Other \$ _____ | | Cert No. _____ | |
| Total \$ _____ | | | |