



City of Burlington
 Building & Zoning Department
 300 N. Pine Street
 Burlington, WI 53105
 (262) 342-1163

BUILDING & MECHANICAL PERMIT APPLICATION

PERMIT NO. _____

Project Location
Project Description

TAX ID # _____

Residential Institutional
 Commercial Municipal
 Manufacturing Other

Owner's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
General Contractor	License Number	Mailing Address - Include City & Zip
Construction Contractor	License Number	Mailing Address - Include City & Zip
Plumbing Contractor	License Number	Mailing Address - Include City & Zip
Electrical Contractor	License Number	Mailing Address - Include City & Zip
HVAC Contractor	License Number	Mailing Address - Include City & Zip

PROJECT INFORMATION

_____ 1/4, _____ 1/4, SECTION _____, T _____ N, R _____ E(or)W

Subdivision Name: _____ Lot No. _____ Block No. _____

Zoning District: _____ Lot Area: _____

Setbacks (Sq. Ft.): Front: _____ Rear: _____ Left: _____ Right: _____

1a. PROJECT		3. TYPE	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE	
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Residential	Entrance Panel Size: _____ amp	<input type="checkbox"/> Forced Air Furnace	Fuel	Gas
<input type="checkbox"/> Raze	<input type="checkbox"/> Alteration	<input type="checkbox"/> Commercial	Underground <input type="checkbox"/>	<input type="checkbox"/> Radiant Baseboard/Panel	Space Htg	L.P.
<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Other _____	Overhead <input type="checkbox"/>	<input type="checkbox"/> Heat Pump	Water Htg	Oil
<input type="checkbox"/> Other _____				<input type="checkbox"/> Broiler		Elec.
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING	<input type="checkbox"/> A/C	<input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment.	
<input type="checkbox"/> Attached	<input type="checkbox"/> Site Manufactured	<input type="checkbox"/> Concrete	<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Other _____	Infiltration control option is:	
<input type="checkbox"/> Detached	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Masonry	<input type="checkbox"/> Septic Sewer		<input type="checkbox"/> Full sealing of joints.	
2. AREA	5. STORIES	<input type="checkbox"/> Treated Wood	11. WATER		<input type="checkbox"/> Blower door test.	
Basement _____ Sq. Ft.	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Other _____	<input type="checkbox"/> Permit No. _____		<input type="checkbox"/> Exterior air filtration barrier.	
Living Area _____ Sq. Ft.	<input type="checkbox"/> 2-Story	8. USE	<input type="checkbox"/> Municipal Utility	13. HEAT LOSS (Calculated)		
Garage _____ Sq. Ft.	<input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Private On-Site Well	Envelope _____ BTU/HR		
Other _____ Sq. Ft.		<input type="checkbox"/> Permanent		Infiltration _____ BTU/HR		
Total _____ Sq. Ft.		<input type="checkbox"/> Other _____		14. 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 created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 342-1163. Give at least **24 hours notice** on all inspections.

SIGNATURE OF APPLICANT _____ **DATE** _____

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

FEES:	PERMIT(S) ISSUED	Municipality Number of Dwelling Location : 51 - 206	
Building Fee: _____	Bldg. # at top of form	Wis. UNIFORM PERMIT SEAL NO.	PERMIT ISSUED BY MUNICIPAL AGENT:
Zoning Fee: _____	Zoning # _____		Name _____
WI Seal: _____	Plmb. # _____		Date _____
Plumbing Fee: _____	Elec. # _____		Certification No. _____
Electrical Fee: _____	HVAC # _____		
HVAC Fee: _____			
E/C Fee: _____			
Other Fee: _____			
TOTAL: _____			