FOR INSPECTIONS CALL: 608-697-8009	**GENERAL BUILDING PERMIT APPLICATION** GENERAL ENGINEERING COMPANY P.O. BOX 340 PORTAGE, WI 53901 OFFICE: (608) 745-4070	PERMIT # EXPIRATION DATE:
Parcel Number:	☐ Town of ☐ Village of ☑ City of ☐ County of ☐ State Inspection Agency # Columbus	Municipality Number 1 1 - 2 1 1

PROJECT DESCRIPTION (Submit Building Plans & Site Plan)	Does this project require any additional approvals or permits? ☐ yes ☐ no

Building Address:	Responsible Party Email Address:	Finished Project Value $

Zoning District(s):	Zoning Permit No.:	Corner Lot ☐yes ☐no	Bldg. Height Ft.	Setbacks:	Front	Rear	Left	Right

Owner's Name	Mailing Address		Telephone Fax
Construction Contractor's Name	WI Lic. No.	Mailing Address	Telephone Fax
Dwelling Contractor Qualifier	WI Lic. No.	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	Telephone Fax
HVAC	WI Lic. No.	Mailing Address	Telephone Fax
Electrical	WI Lic. No.	Mailing Address	Telephone Fax
Plumbing	WI Lic. No.	Mailing Address	Telephone Fax

RESIDENTIAL Single Family/Duplex

Addition: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction_____ sq. ft. ☐ Erosion Control

Detached Accessory Building: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction_____ sq. ft

Remodel: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction_____ sq. ft.

Other: ☐ Fence ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction_____ sq. ft. ☐ Erosion Control

☐ Electrical Service Upgrade (Amp____) ☐ Removal of Structure (Raze) ☐ _____

COMMERCIAL

New Commercial Building: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction ☐ Erosion Control

Commercial Addition/Alteration: ☐ Electrical ☐ Plumbing ☐ HVAC ☐ Construction ☐ Erosion Control

_____ Building Sq. Ft. ☐ Fence ☐ Sign ☐ Removal of Structure (Raze) ☐ _____

State of Wisconsin Plan Approval Needed: ☐ yes ☐ no (Approved plans must be submitted with permit application)

Zoning – When applicable, must obtain a copy of setback information regarding height, lot coverage, etc.

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 of the last ply of this application. 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. ***It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.***

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

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. ☐ **See attached for conditions of approval.**

FEES:		PERMIT(S) ISSUED	PERMIT ISSUED BY:
Construction	$_____	☐ Construction	Name _____
Plumbing	$_____	☐ HVAC	
Electrical	$_____	☐ Electrical	Date _____ Telephone _____
HVAC	$_____	☐ Plumbing	
Zoning	$_____	☐ Erosion Control	Cert No. _____
Other _____	$_____	☐ Other_____	
Administrative	$_____		
Total Permit Fee	$_____		

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