

CITY OF MENASHA 100 Main St, Suite 200 Menasha, WI 54952 920-967-3655 <a href="mailto:ahumski@menashawi.gov">ahumski@menashawi.gov</a>		CITY OF MENASHA COMMERCIAL UNIFORM BUILDING PERMIT APPLICATION		Permit #  Tax Key #	
Project Description			Project Address		
PERMIT REQUESTED		<input type="checkbox"/> Const. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Other_____			
Owner's Name		Mailing Address		Phone	
Contractor Name & Type		License# & Expiration Date	Address with City & Zip		Phone & Email
Contractor		NA			
HVAC					
Electrical Contractor					
Master Electrician					
Plumbing					
PROJECT		Major Occupancy		ELECTRIC	HVAC
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Lvl 1 <input type="checkbox"/> Lvl 2 <input type="checkbox"/> Lvl 3 <input type="checkbox"/> Other:		<input type="checkbox"/> Assembly <input type="checkbox"/> High-Hazard <input type="checkbox"/> Storage <input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> Utility & Misc <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile <input type="checkbox"/> Factory <input type="checkbox"/> Residential		Entrance panel Amps_____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	Type of system:
AREA		ESTIMATED BUILDING COSTS			
Project Area (Include all levels)		Building Cost \$	HVAC Cost \$		Electric Cost \$
Number of Floor Levels		Plumbing Cost \$	Total Cost \$		
Total Building Volume (Cu. Ft.)					
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.					
Applicant (Print:) _____ Sign: _____ Date: _____					
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. Owner/Builder solely responsible for compliance with all applicable State & local building & zoning codes. <input type="checkbox"/> See attached for conditions of approval					
FEES		PERMIT(S) ISSUED	PERMIT ISSUED BY:		INSPECTIONS REQUIRED
Building Fee _____	Zoning _____	HVAC _____	Electric _____	Plumbing _____	Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation Reinf. <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Basement Floor <input type="checkbox"/> Final
Zoning Fee _____	HVAC _____	Electric _____	Plumbing _____	Erosion Control _____	<input type="checkbox"/> Outside Laterals <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final
HVAC Fee _____	Electric _____	Plumbing _____	Erosion Control _____		Electric <input type="checkbox"/> Service <input type="checkbox"/> Rough <input type="checkbox"/> Final
Electric Fee _____	Plumbing _____	Erosion Control _____			HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final
Plumbing Fee _____	Erosion Control _____				
Occupancy _____					
OS/Sanitary _____					
Erosion _____					
Total _____					

### **Cautionary Statement to Contractors for Projects Involving Building Built Before 1978**

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to the Wisconsin Department of Health Services' lead homepage for details of how to be in compliance.

Contractor Lead CERT LIC # \_\_\_\_\_

### **Wetlands Notice to Permit Applicants**

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

### **Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil**

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Contractor Credential Requirements**

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Safety and Buildings. Contractors are also required to only subcontract with contractors that hold the appropriate contractor credentials.