

Town of Ottawa

W360 S3337 Hwy 67
Dousman, WI 53118

Phone: 262-490-0513

BUILDING

Permit No _____

Tax Key # _____

Residential Commercial

Permit Application

Project Location	Building address
Project Description	

Owner's Name	Mailing Address, City & Zip	Telephone & Area Code
Contractor's Name	License No	Mailing Address, City & Zip
Contractor's Name	License No	Telephone & Area Code
HVAC	License No	Mailing Address, City & Zip
HVAC	License No	Telephone & Area Code
Electric	License No	Mailing Address, City & Zip
Electric	License No	Telephone & Area Code
Plumbing	License No	Mailing Address, City & Zip
Plumbing	License No	Telephone & Area Code

Project Information	Subdivision Name	Lot No.	Acre(s)	Zoning District	Estimated Cost
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PROJECT	AREA
<input type="checkbox"/> New	Basement (unfinished)..... Sq. Ft. _____
<input type="checkbox"/> Addition; size	FBLA (Finished Basement)..... Sq. Ft. _____
	Living Area..... Sq. Ft. _____
<input type="checkbox"/> Remodel	Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached..... Sq. Ft. _____
<input type="checkbox"/> Raze	Porch..... Sq. Ft. _____
<input type="checkbox"/> Other, Explain	Deck..... Sq. Ft. _____
	Other..... Sq. Ft. _____
	Total _____

TYPE	ELECTRICAL	HVAC EQUIPMENT	HEAT LOSS
<input type="checkbox"/> Single Family	Panel Size ___ amp	<input type="checkbox"/> Forced Air Furnace	Envelope _____ BTU/HR
<input type="checkbox"/> Two Family	<input type="checkbox"/> Underground	<input type="checkbox"/> Radiant Baseboard or Panel	Infiltration _____ BTU/HR
<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	

Minimum Permit Fee \$30.00 Reinspection Fee \$50.00 Failure to call for Inspection \$50.00

DOUBLE FEES ARE APPLIED IF WORK IS STARTED WITHOUT A PERMIT

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 above information is correct

Give at least 24 hours notice on all inspections and have address when requesting inspection

Signature of Applicant _____ Date _____

For Office Use Only		FEES
Check # _____	Building Inspector's Approval	Building _____
Date _____		WI Seal _____
Rcvd By _____		Electric _____
Seal No. _____		Plumbing _____
Municipal No. _____		HVAC _____
NO REFUNDS ON PERMITS		Other _____