

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 _____ Telephone & Area Code _____

HVAC _____ License No _____ Mailing Address, City & Zip _____ Telephone & Area Code _____

Electric _____ License No _____ Mailing Address, City & Zip _____ Telephone & Area Code _____

Plumbing _____ License No _____ Mailing Address, City & Zip _____ Telephone & Area Code _____

Project Information

Subdivision Name

Lot No.

Acre(s)

Zoning District

Estimated Cost

PROJECT

AREA

☐ New
☐ Addition; size _____
☐ Remodel
☐ Raze
☐ Other, Explain _____

Basement (unfinished)..... Sq. Ft. _____
FBLA (Finished Basement)..... Sq. Ft. _____
Living Area..... Sq. Ft. _____
Garage ☐ Detached ☐ Attached..... Sq. Ft. _____
Porch..... Sq. Ft. _____
Deck..... Sq. Ft. _____
Other..... Sq. Ft. _____

Total

TYPE

ELECTRICAL

HVAC EQUIPMENT

HEAT LOSS

☐ Single Family
☐ Two Family
☐ Other, Explain _____

Panel Size _____ amp
Underground
Overhead
Other, Explain _____

☐ Forced Air Furnace
☐ Radiant Baseboard or Panel
☐ Boiler
☐ Central Air
☐ Other, Explain _____

Envelope _____ BTU/HR
Infiltration _____ BTU/HR

Minimum Permit Fee \$50.00 Reinspection Fee \$75.00 Failure to call for Inspection \$75.00

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 # _____
Date _____
Rcvd By _____
Seal No. _____
Municipal No. _____

Building Inspector's Approval

Signature _____
Date _____

Building _____
WI Seal _____
Electric _____
Plumbing _____
HVAC _____
Other _____

NO REFUNDS ON PERMITS

White - Municipal

Yellow - Applicant

Pink - Municipality

WIA 2021