



City of Brodhead
1111 W 2nd Ave.
Brodhead, WI 53520
608-897-4018

UNIFORM PERMIT APPLICATION

Permit # _____
Parcel # _____

PART I TO BE COMPLETED BY APPLICANT (please print or type)

JOB ADDRESS (street number & name)		LOT #	SUBDIVISION				
PROJECT		<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION REPAIR TO EXISTING BUILDING <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER _____					
BUILDING TYPE		<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> OTHER _____					
WORK TYPE		<input type="checkbox"/> BUILDING CONSTRUCTION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING/COOLING <input type="checkbox"/> OTHER _____					
ESTIMATED COSTS (LABOR & MATERIALS)		CONSTRUCTION (\$)	ELECTRICAL (\$)	PLUMBING (\$)	HEATING/COOLING (\$)	OTHER (\$)	TOTAL (\$)
JOB DESCRIPTION							
OWNER'S NAME		CERTIFICATE #	MAILING ADDRESS (include zip code)			DAYTIME PHONE #	
BUILDING CONTRACTOR'S NAME		CERTIFICATE #	MAILING ADDRESS (include zip code)			DAYTIME PHONE #	
ELECTRICAL CONTRACTOR'S NAME		CERTIFICATE #	MAILING ADDRESS (include zip code)			DAYTIME PHONE #	
PLUMBING CONTRACTOR'S NAME		MASTER PLUMBER #	MAILING ADDRESS (include zip code)			DAYTIME PHONE #	
HEATING/COOLING CONTRACTOR'S NAME		CERTIFICATE #	MAILING ADDRESS (include zip code)			DAYTIME PHONE #	
BUILDING FEATURES (NEW BUILDING AND ADDITIONS ONLY)		# OF LEVELS (including basement)	FOUNDATION (concrete, masonry, etc.)		SITE CONSTRUCTED OR PRE-FAB?		
ELECTRICAL SERVICE SIZE (amps)	OVERHEAD OR UNDERGROUND SERVICE?	WATER (municipal or private supply)	SEWER (municipal or septic)	SANITARY PERMIT # (if applicable)			
ATTACHED OR DETACHED GARAGE?	SPACE HEATING EQUIPMENT (forced air, hot water, etc.)	SPACE HEATING FUEL (natural gas, electric, etc.)	WATER HEATING FUEL	CENTRAL AIR CONDITIONING?			
I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE THAT IN THE PERFORMANCE OF THIS WORK I WILL BE BOUNDED BY AND SUMIT TO ALL STATUTES OF THE STATE OF WISCONSIN, CONFIRM TO ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF BRODHEAD AND ABIDE BY ALL RULES AND REGULATIONS PRESCRIBED BY THE BUILDING INSPECTION DEPARTMENT.							
SIGNATURE OF APPLICANT				APPLICATION DATE		CONSTRUCTION START DATE	

PART II TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #	DATE APPROVED	PERMITS ISSUED:		<input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> PLBG <input type="checkbox"/> HVAC <input type="checkbox"/> OTHER							
APPROVED BUILDING USE		BUILDING OFFICIAL		W.U.B.P.S. #	AREAS (SQ. FEET)	BASEMENTS	LIVING AREA	GARAGE	OTHER		
PERMIT FEES (\$)	BUILDING	ELECTRICAL	PLUMBING	HEATING/COOLING	ZONING	W.U.B.P.S. #	UTILITY	FIRE IMPACT	EROSION	OTHER	TOTAL

CONDITIONS OF APPROVAL THIS PERMIT IS ISSUED PURSUANT TO THE FOLLOWING CONDITIONS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT OR OTHER PENALTIES.

Green Rock

