Village of Clinton

301 Cross Street Clinton, WI 53525 Phone: (608) 676-5304

Email: treas@vi.clinton.wi.gov

Permit Application Instructions

- Submit one form per project.
- List <u>all</u> contractors and sub-contractors on the form.
- Include <u>all</u> necessary license numbers (business and individual).
- To avoid any unnecessary delays, ensure the form is filled out completely and accurately.
- All fees associated with the project will be charged and collected at one time.
- Additional documentation such as plans and specifications may be required for your project. Please check the municipal website or contact the inspector at bldginsp@vi.clinton.wi.gov.
- Once complete, please submit this application and all required documentation via the above email.
- The following are the most common sections required to be completed on this form. The building inspector may request additional information should certain circumstances arise.

New Construction – Residential or Commercial	Complete All Sections
Addition – Residential or Commercial	Complete All Sections
Alteration – Residential	Complete Sections 1 through 11, 13, 14, and 15
Alteration – Commercial	Complete Sections 1 through 11, 13, and 15
Early Start	Complete All Sections
Erosion Control	Complete Sections 1 through 11, 12 and 15
Electrical	Complete Sections 1, 2, 4, 7, 8, 9, 10, 11, 14 and 15
Plumbing	Complete Sections 1, 2, 5, 7, 8, 9, 10, 11, 14 and 15
HVAC	Complete Sections 1, 2, 6, 7, 8, 9, 10, 11, 14 and 15
Demolition	Complete Sections 1 through 11, 13, and 15
Permit Extension/Renewal	Complete All Sections Relevant to Project
Deck/Patio/Porch/Sunroom	Complete Sections 1 through 11, 14, and 15
Basement Finishing	Complete Sections 1 through 11, 14, and 15
Shed/Detached Garage	Complete Sections 1 through 11, 14, and 15
Swimming Pool	Complete Sections 1 through 11, 14, and 15
Roof Replacement	Complete Sections 1 through 3, 7, 8, 9, 10, 11, 14, and 15
Window/Siding/Soffit	Complete Sections 1 through 3, 7, 8, 9, 10, 11, 14, and 15

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.

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 http://dhs.wisconsin.gov/lead/WisconsinRRPRule.htm for details of how to be in compliance.

VILLAGE OF CLINTON UNIFORM APPLICATION FOR PERMIT

PROJECT ADDRESS:	PERMIT #	
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By performing work on this project, the parties identified below all agree to comply with the applicable Codes and Ordinances and with the conditions of this permit.

1. Owner	Applicant □	2. General or Dwelling Contra By Owner □	ctor Applicant □
First Name	Last Name	First Name	Last Name
First Name	Last Name	Company Name	
Company Name		Address	
Address		City, State, ZIP	
City, State, ZIP		Phone Mobile	
Phone Mobile		Fax	Email
Fax Email		Dwelling Contractor Number	Expiration Date
3. Dwelling Contractor Qualifie (Applies only to any project involving One or		4. Electrician By Owner □	Applicant □
First Name	Last Name	First Name	Last Name
Company Name		Company Name	
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone Mobile		Phone	Mobile
Fax Email		Fax	Email
Dwelling Contractor Qualifier Number	Expiration Date	Electrical Contractor License Number	Expiration Date
		Master Electrician License Number	Expiration Date
5. Plumbing By Owner □	Applicant □	6. Heating By Owner □	Applicant □
First Name	Last Name	First Name	Last Name
Company Name		Company Name	,
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone Mobile		Phone	Mobile
Fax Email		Fax	Email
Master Plumber License Number	Expiration Date	Heating Contractor License Number	Expiration Date
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7. Description of Project			
8. Type of Permit Requested (check all that apply)	9. Type of Construction (Check One)	10. Project Areas	
 □ New Construction – Residential or Commercial □ Addition – Residential or Commercial 	□Commercial Type 1A		
☐ Alteration – Residential	□Commercial Type 1B	Unfinished Basement square feet	
☐ Alteration – Commercial Level: ☐ 1 ☐ 2 ☐ 3 ☐ Permission To Start - Footings/Foundation	□Commercial Type 2A	All Finished Floor Area square feet	
☐ Erosion Control	□Commercial Type 2B	Shed/Garagesquare feet	
□ Electrical □ Plumbing	□Commercial Type 3A	Deck/Porch square feet	
□ HVAC □ Deck/Porch	□Commercial Type 3B	Sign square feet Other square feet	
☐ Patio, Driveway or Parking Area	□Commercial Type 4		
☐ Swimming Pool/Spa/Hot Tub☐ Fence	□Commercial Type 5A	TOTAL square feet	
☐ Sign	□Commercial Type 5B		
□ Other	□Residential Light Frame Wood		
11. Project Costs (excluding land)	12. Impervious Surfaces and Driveways	13. Water/Sewer, Fire Protection, Fuel Loads	
O	Elevation (in feet) of garage floor above top of curb	Sprinkled □Yes □No □13 □13R	
Construction		Fire Alarm □Yes □No □Auto □Manual	
Electrical	Driveway slope %	Sewer Lateral Size	
Plumbing		Water Lateral Size	
HVAC	Number of Accessible (Handicap) Stalls	Water Meter Size	
Sign	Number of Non-Accessible Parking Stalls	Heating Fuel	
Other	Length of Driveway from Curb to Building	Water Heater Fuel	
TOTAL		Building BTU Load	
s.101.654(2)(a), the following consequences might of a) The owner may be held liable for any bodily injury to building permit or that is caused by any negligence b) The owner may not be able to collect from the continuous dwelling code or an ordinance enacted under sub. (work performed under the building permit or becaus the contractor that occurs in connection with the work limital I vouch that I am or will be an owner-occur Contractor Certification and have read the	to or death of others or for any damage to the property of of the contractor that occurs in connection with the work per ractor damages for any loss sustained by the owner becaution)(a), because of any bodily injury to or death of others or due of any bodily injury to or death of others or damage to the performed under the building permit. It is pant of this dwelling for which I am applying for an erosion of cautionary statement regarding contractor responsibility absponsibilities for Owners of Projects Disturbing One or y and if one acre or more of soil will be disturbed, I understate	thers that arises out of the work performed under the informed under the building permit. See of a violation by the contractor of the one and 2 family amage to the property of others that arose out of the property of others that is caused by any negligence by control or construction permit without a Dwelling pove. More Acre of Soil	
including those described on this form; am subject to implied, on the state or municipality; and certify that a authorized agent, permission to enter the premises fo done. Furthermore, I represent and warrant that I will	Statement of Owner or Owner's Authorized Age ner's authorized agent and I understand that I am subject to any conditions of this permit; understand that the issuance II the information within this application is accurate. I expre r which this permit is sought at all reasonable hours and for provide a copy of this Uniform Application for Permit to all ill be filed with the Building Inspector if any of the parties id s work in place of the identified party.	o all applicable codes, laws, statutes and ordinances, of this permit creates no legal liability, express or ssly grant the building inspector, or the inspector's rany proper purpose to inspect the work which is being parties identified in sections 1 through 6 on this	
Owner or Owner's Authorized Agent's S	ignature Print		
•	-	D-4:	
		Date	
	and conditions of the Uniform Application for Permit and fur poses of the Uniform Application for Permit, and that such o		
	oursuant to the Conditions of Approval which can be found of (e) of Wisconsin State Statutes, is responsible for all code r permit or other penalty. Credential Number		
		Date	
Permit Fees \$	Receipt # Check #	Cash	