APPLICANT- ALL	INSPECTION	NS MUST BE PHON	IED IN TO 6	08-459-88	00									
JOHNSON INSPECTION LLC		UNIFO							ermit No.					
P.O. Box 127 Arena, WI 53503 Phone: 608-444-0372			BUILDING PERMIT					Project Description:						
			The information you provide may be used by other						Description.					
johnsoninspectio		government agency	-											
PERMIT REQUESTED		Construction DHVAC	Electric	Plumbing DE	rosio	n Cor	ntrol 🗆 C	ther:	:					
Owner's Name:		Mailing Address:	Mailing Address:							Tel.				
Contractor Name & Type		License# & Expirati	License# & Expiration Mailing		Address			Phone & Email						
Dwelling Contractor (Constr.)														
Dwelling Contr. Qualif	ier													
HVAC Contractor:														
Electrical Contractor:														
Plumbing Contractor:														
PROJECT	ot area	One acre or more												
LOCATION	Sq. ft.	of soil will be disturbed				f Sectio	n	, T		N, R	F	(or) W		
Site Address:		Subdivision Name:	 :	1/4,1			10.	,	Block					
Zaning District(s)	7.0		C atta a atra	. Frank		Deer		1.04). evla k			
Zoning District(s)		ning Permit No.	Setbacks		ft.	Rear	ft.	Left		ft.	Right	ft.		
1. PROJECT	3. OCCUPAN	6. ELECTRICAL	9. HVA	C EQUIPMENT	12.1	ENERG	Y SOURCI	-						
□ New □ Alteration □ Rep	□ Single Fam Dair □ Two Family		_	d Air Furnace nt Baseboard/Panel		uel e Htg	Nat Gas	LP	Oil	Elec	Solid	Solar		
□ Alteration □ Rep □ Addition □ Raz	e 🛛 Commerc	ial 🛛 Underground	🗆 Heat I		Wate									
□ Other: □ Mo	ve 🛛 Garage □ Other:	Overhead	Boiler Centre	al Air Cond.										
2. AREA INVOLVED 4. CONST.		7. WALLS			13. HEAT LOSS									
ТҮРЕ			Other:		13. IILAI 1033									
Bsmt Sg F	□ Site-Built → □ Mfd: □ V		□ Timber/Pole □ Steel □ ICF 10. SEV		D		BTU/HR Total Calculated							
Living	UD0													
Area Sq F	HUD	I.S. 🛛 Other:	—	 Municipal Sanitary Permit No.: 		Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet;								
GarageSq F		8. USE												
OtherSq F	t 🗆 1-Story	 Seasonal Permanent 	11. WA	TED	Ŭ Ŭ		0 0	Heating Load" on RES check report) DING COST w/o LAND						
Total Sq F	t □ Other:	□ Other:	🗆 Munic	Municipal Utility										
Lunderstand that Lam su	Plus Basen biect to all application			e On-Site Well e conditions of thi	\$ is perm	\$ s permit; understand that the issuance of the permit								
disturbed, I understand th statement on the back o which this permit is sough I vouch that I am or	nat this project is sub f the permit if not sig t at all reasonable h will be an owner-oc ad the cautionary st	on the state or municipality; a oject to CHP NR 151 regarding gning below. I expressly grant rours and for any proper purp ccupant of this dwelling for wh tatement regarding contractor	g additional erosic the building inspe- pose to inspect the hich I am applying	on control and sto ector, or the inspe- e work which is be g for an erosion co	rmwat ctor's c eing do ontrol o	er mand authoriz one. or constr last ply.	agement o ed agent, r uction per	and the permis mit wit	e owne ssion to hout a	er shall si enter t	ign the he prem			
APPROVAL CONDITIONS		This permit is issued pursue of this permit or other per		ng conditions. Fc	ailure to	o comp	oly may re	sult in	susper	nsion oi	revoca	tion		
SSUING JURISDICTION		ge of 🛛 City of 🖓 County			ate Contracted Inspection gency#		Municipality Number of Dwelling Location							
FEES:		INSPECTIONS REQ	INSPECTIONS REQUIRED			<u> </u>	PERMIT ISSUED BY:							
	□Fou □Rou □Rou	undation OS Sewe ugh Construction Electric ugh Electrical Insulatio	tion OS Sewer Lateral/test Construction Electric Service Electrical Insulation						e: Tracy Johnson No. 664566 Telephone : 608-444-0372					
TOTAL:		ugh Plumbing/test												
RECEIPT Ch	Re	c'd by	v:			Date	ə:							