

Town of Palmyra BUILDING Permit Application

Mail To: N7884 Dead End Road Ixonia Wi 53036
 Make Check Payable to:
WIA or Wisconsin Inspection Agency
 Call for Inspections: **262-490-0513**
24 Hour Notice Required

Permit No _____
 Tax Key# _____
 Residential Commercial

Project Location	Building address _____
Project Description	_____

Owner's Info: Name _____ Address _____ Phone _____

Contractor's Info: Name _____ Address _____ Phone _____

DC/DCQ LICENSE License No. _____ Phone _____

HVAC License No. _____ Name _____ Address _____ Phone _____

Electric License No. _____ Name _____ Address _____ Phone _____

Plumbing License No. _____ Name _____ Address _____ Phone _____

Project Information: Subdivision Name _____
 Lot No. _____ Lot Area (sq. Ft.) _____ Zoning Dist. _____

PROJECT	AREA
<input type="checkbox"/> New	Basement (unfinished)..... Sq. Ft. _____
<input type="checkbox"/> Addition	FBLA (Finished Basement)..... Sq. Ft. _____
<input type="checkbox"/> Remodel	Living Area..... Sq. Ft. _____
<input type="checkbox"/> Raze	Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached..... Sq. Ft. _____
<input type="checkbox"/> Other, Explain _____	Porch..... Sq. Ft. _____
	Deck..... Sq. Ft. _____
	Other..... Sq. Ft. _____
	Total _____

HEAT LOSS	
Envelope	_____ BTU/HR
Infiltration	_____ BTU/HR

TYPE	ELECTRICAL	HVAC EQUIPMENT
<input type="checkbox"/> Single Family	Panel Size _____ amp	<input type="checkbox"/> Forced Air Furnace
<input type="checkbox"/> Two Family	<input type="checkbox"/> Underground	<input type="checkbox"/> Radiant Baseboard or Panel
<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 _____

ESTIMATED COST

*No refunds on permits
 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 the above information is accurate.
 *******Note******* Double fees are applied if work is started without a permit. - Reinspection Fee = \$50.00

Signature of Applicant _____ Date _____

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