

Application Date:	<h2 style="margin:0;">Residential Alteration and Improvement Building Permit Application</h2> <p style="margin:0;"><i>Please print legibly and complete all sections.</i></p>				City of Superior Building Inspection Division 1316 N. 14 th St. Superior, WI 54880 Phone: 715-395-7288 Fax: 715-395-7346		
Logged In: (date and initial)							
Permit #:							
Parcel #:	PROJECT ADDRESS:				Contacted for Payment on: _____ By: _____		
Permit(s) Required: <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing							
Owner's Name(s)				Owner's Mailing Address			
Phone #:		Fax #/Phone #:		Email:			
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent							
Applicant Name & Business Name				Mailing Address			
Phone #:		Fax #/Phone #:		Email:			
WI Dept of Commerce Contr. License #				WI Dept of Commerce Contr. Qualifier #			
Designer/Architect/Engineer Name				Mailing Address			
Phone #:		Fax #/Phone #:		Email:			
State License/Registration #(s):							
Location & Project Details <i>(Check all that apply)</i>							
Type of Structure: <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Two Family Dwelling							
<input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Remove old shingles and underlayment. <input type="checkbox"/> Siding manufacturer requires air barrier under siding. <input type="checkbox"/> Cover no more than one layer of roofing. <input type="checkbox"/> I will obtain siding installation instructions from manufacturer.							
<input type="checkbox"/> Replace window(s) or door(s) <input type="checkbox"/> Finish any basement rooms <input type="checkbox"/> Enlarge of door(s) or window(s) <input type="checkbox"/> Finish any basement bedrooms <input type="checkbox"/> Relocate door(s) or window(s) <input type="checkbox"/> Add additional bedroom <input type="checkbox"/> Basement beams, columns foundation pads <input type="checkbox"/> Add additional bathroom <input type="checkbox"/> Floor joist <input type="checkbox"/> Reconfigure bathroom fixtures (location, number, type) <input type="checkbox"/> Bearing walls <input type="checkbox"/> Reconfigure kitchen fixtures and/or appliances (add additional or relocate) <input type="checkbox"/> Roof rafters or trusses <input type="checkbox"/> Reconfigure kitchen cabinets (extend, enlarge, relocate) <input type="checkbox"/> Change openings between rooms <input type="checkbox"/> Reconfigure any room size, shape, or location (floor plan changes) <input type="checkbox"/> Stairway and landing <input type="checkbox"/> Attic or garage conversion <input type="checkbox"/> Other (Sauna, pool room, etc.)							
Type/Scope of Work	Roof (%)	Siding (%)	Window(s) 1 st Floor (#)	Window(s) Above 1 st Floor (#)	Window(s) Below 1 st Floor (#)	Door(s) (#)	<u>Notes:</u> 1.) No permit needed for soffit and fascia. 2.) Max two layers of roofing allowed without structural analysis.
House							
Garage							
Shed							
Other							
Please provide a descriptive summary of the proposed project below:							

This project will also include:	Other Contractor Information	Phone #
<input type="checkbox"/> Electrical work		
<input type="checkbox"/> Plumbing work		
<input type="checkbox"/> HVAC work		
<input type="checkbox"/> Gas Piping		

This dwelling unit was constructed prior to 1978: Yes No
 Approximate date of original construction: _____

Homeowner as applicant: _____ I have received the "Renovate Right" pamphlet.
 (Signature)

Contractor as applicant: _____ I have provided home owner with "Renovate Right" pamphlet.
 DHS Lead Renovator Cert. #: _____ (Signature)
 DHS Lead Company Cert. #: _____

***PROJECT COST: \$**

Fee Summary	Fees	Sub-Total
Roof	\$30.00 each	\$
Siding		\$
Windows/Doors (opening size unchanged)		\$
Any 2 or more of the above	\$50.00	\$
Structural Alterations: Base Fee Under \$5,000 and under in value: \$30.00 Plus \$20.00 per \$1,000 in *Project Cost of Work (Values between \$500 and \$4,999)		
Structural Alterations: Base Fee \$5,000 and over in value: \$100.00 Plus \$10.00 per \$1,000 in *Project Cost of Work, Round up to the nearest thousand		\$

Receipt # _____ Rcv'd By: _____ **Grand Total**

**Estimated construction cost must be reasonable and verifiable. Construction cost to include fair market value of labor and materials*

- The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, on the City Agent/Inspector, Department or Municipality; and certifies that all the above information is true and accurate.
- Approval or disapproval of plans shall be based upon review of written and graphic information submitted.
- Changes made during construction shall be based upon approved revised plans.
- Any change in the conditionally approved plans shall be approved by this department before said changes are implemented.
- It is expressly understood by the project owner(s) and/or contractor(s) that by issuance of this permit any City Agent/Inspector shall be allowed to inspect at reasonable times any construction work through the final inspection.
- Failure to allow access to the premises for such inspection(s) shall result in revocation of this permit.

This is a Building Permit application only – not a permit to proceed.

Applicant Signature _____ Print Name _____ Date: _____

- I certify that the information provided on this form is complete and accurate.

Approvals

Permit Issued By: _____ Cert No.: _____ Date: _____

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 penalty. See attached for conditions of approval.