

State of Wisconsin
 Department of Industry,
 Labor & Human Relations
 Division of Safety & Buildings
 201 E. Washington Ave.
 Box 7969
 Madison, WI 53707
 Wisconsin Statute 101.63

13-251
Wisconsin Uniform
Building Permit Application

PERMIT NO.
B 17034
 PARCEL NO.

PROJECT LOCATION CONSTRUCTION HVAC PLUMB

Building Address: **1821 JENIFER ST.** Phone: _____ Lot No.: _____ Block No.: _____
 Zoning District: **R2** Lot Area: _____ sq. ft. Front Setbacks: _____ ft. Rear: _____ ft. Left: _____ ft. Right: _____ ft.

PERMIT REQUESTED Section _____, T _____, N _____, R _____, E (or) W _____

Contractor's Name: **GERALD NIEBER** Mailing Address: **505 MUIR DR.** Phone: **249-8218** Identification No.: **C20602**
 Owner's Name: **GEORGE KITZNER** Mailing Address: **1821 JENIFER ST.** Phone: **249-1845**

1. PROJECT <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition ALT. <input type="checkbox"/> Combination (Alt. & Add'n.) <input type="checkbox"/> Non-Permanent (Tents, etc.) <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Foundation <input type="checkbox"/> Zoning Only <input type="checkbox"/> Change of Use	2. USE: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Non-Residential 6. CONST. TYPE <input checked="" type="checkbox"/> Site constructed <input type="checkbox"/> Manufactured	3. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other 11. USE (Res.) <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other	4. HVAC <input type="checkbox"/> Forced Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Heat Pump <input type="checkbox"/> Steam or Vapor <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other 8. PLUMBING <input type="checkbox"/> Municipal <input type="checkbox"/> Septic - Permit No. _____ 13. RES. UNITS Added or Deleted Family(ies) _____ + _____ - _____ Condominium(s) _____ Hotel, Motel, Do.m. _____	5. ENERGY SOURCES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fuel</th> <th>Space Htg.</th> <th>Water Htg.</th> </tr> </thead> <tbody> <tr> <td>LP Gas</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Nat. Gas</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fuel Oil</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electric</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Wood</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Solar</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Coal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> 12. WATER <input type="checkbox"/> Private Utility <input type="checkbox"/> Municipal Utility <input type="checkbox"/> On-site Well & Pump 14. HEAT LOSS (Calculated) Envelope _____ B1 U/HR Infiltration _____ BTU/HR	Fuel	Space Htg.	Water Htg.	LP Gas	<input type="checkbox"/>	<input type="checkbox"/>	Nat. Gas	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Oil	<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	Wood	<input type="checkbox"/>	<input type="checkbox"/>	Solar	<input type="checkbox"/>	<input type="checkbox"/>	Coal	<input type="checkbox"/>	<input type="checkbox"/>
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Coal	<input type="checkbox"/>	<input type="checkbox"/>																										

15. CLASS OF CONSTRUCTION <input type="checkbox"/> 1. Fire Resistive Type A <input type="checkbox"/> 2. Fire Resistive Type B <input type="checkbox"/> 3. Metal Frame - Protected <input type="checkbox"/> 4. Heavy Timber <input type="checkbox"/> 5a. Ext. Masonry - Protected <input type="checkbox"/> 5b. Ext. Masonry - Unprotected <input type="checkbox"/> 6. Metal Frame - Unprotected <input type="checkbox"/> 7. Wood Frame - Protected <input checked="" type="checkbox"/> 8. Wood Frame - Unprotected	16. TYPE OF USE (Non-Residential) <input type="checkbox"/> Amusement, Recr. <input type="checkbox"/> Church, Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage, Lots <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Hospital, Inst'l. <input type="checkbox"/> Office, Bank, Prof. <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Warehouse <input type="checkbox"/> Restaurant/Tavern <input type="checkbox"/> Educational <input type="checkbox"/> Public Utility <input type="checkbox"/> Other Non-Res. Buildings <input type="checkbox"/> Non-Buildings (Tanks, Swimming Pools, etc.) <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage	17. BRIEFLY DESCRIBE PROJECT: <div style="border: 1px solid black; padding: 5px; background-color: yellow;"> DORMER ADDITION (SHED TYPE) ON SOUTHWEST SIDE OF HOUSE. </div>
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NOTE: Mechanical Supplement sheets provided with this application must be completed and returned to the Inspection Unit by the appropriate Plumbing, HVAC, and Electrical contractors prior to start of work. No inspections will be made until received.

18. ESTIMATED COST: \$ ~~5,550~~ **5,550**

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department or Municipality; and certifies that information is accurate.

19. SIGNATURE OF APPLICANT *G. Kitzner* DATE **7/29/85**

20. FEES

Plan Review	\$ 10.00
Inspection	\$ 15.00
City	\$
Erosion	\$
Wis. Permit Seal	\$
Parking	\$
Start Work	\$
Sewer	\$
Wrecking	\$
Tent/Awning	\$
Other	\$
TOTAL	\$ 25.00
Permit No.	80121

21. 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.

JUL 29 1985
 ENTERED

Plan J. Martin 7-29-85
Per 18.08(1)(F)1

APPROVALS BY:
 Zoning _____ Yes No Landmarks Commission Yes No
 Architect or Professional Engineer _____ Yes No C-4 Exterior Approval Yes No
 State of Wisconsin _____ Yes No

22. FEE GROUP **b**

23. PERMIT(S) ISSUED
 Construction and Order
 HVAC
 Electrical
 Plumbing
 Certificate of Occupancy

24. PERMIT ISSUED BY
 NAME: **WR (MIV)**
 DATE ISSUED: **Mo. 7 29 1985** Year
 CERT. NO. _____