

Commercial Buildings

Application for Building, Zoning, or Occupancy Permit

Project Address: _____
Dodgeville, WI 53533

Application # _____
Date: _____

Contact Person: _____ Phone: _____ Email: _____

Subdivision

Lot No: _____ Block #: _____ Addition or Replat: _____

Description of unplatted _____ 1/4 of _____ 1/4, Sec. _____ T _____ R _____

If a building what will it be used for? _____

Zoning: _____ Type of Construction: _____

Size: _____ feet wide by _____ feet long = _____ sq. ft.

Height: _____ feet Cubic Feet being built or remodeled: _____ Number of stories: _____
(if new, include roof area)

**Include State Approved Plans with this application
for all Buildings requiring such Approval (see SPS 361.30 and SPS 361 to 366)**

Work consists of: (check)



New Building Alteration - Level 1 2 3 Addition/Alteration – Level 1 2 3

Footing & Foundation only Accessory Building (describe use) _____

Electrical work only (i.e. Service upgrades, lighted signs, additional circuits, etc)

Occupancy Type – Major use of greatest floor area and additional non- accessory occupancies – Check all that apply

- | | |
|--|---|
| <p>A Assembly A1 A2 A3 A4 A5</p> <p>B Business</p> <p>E Educational</p> <p>F Factory/Industrial F1 F2</p> | <p>I Institutional/ Daycare/ CBRF I1 I2 I3 I4</p> <p>M Mercantile/ Retail</p> <p>R Residential R1 R2 R3 R4</p> <p>S Storage S1 S2</p> |
|--|---|

Construction Information – Construction Class –
Check One

- IA IB IIA IIB IIIA
IIIB IV VA VB

Area (project area, include all levels): _____ sq ft
If different, Heated/Ventilated Area: _____ sq ft
Sprinklered/Detector Protected Area: _____ sq ft
Number of Floor Levels: _____
Total Building Volume < 50,000 Cu. Ft. Yes No

Designer Information:

Name: _____ Address: _____
Company Name: _____ Email: _____
Phone: _____

Designer of: Building HVAC Fire Alarm Fire Suppression

Designer Additional Project Information:

Building Owner Information: (not lessee)

Name: _____ Address: _____
Company Name: _____ Email: _____
Phone: _____

Owner Additional Project Information:

Building Contractor: _____ License #: _____ Contact #: _____
Electrical Contractor: _____ Master Lic. # _____ Contact #: _____
Plumbing Contractor: _____ Master Lic. # _____ Contact #: _____
HVAC Contractor: _____ License #: _____ Contact #: _____

The undersigned hereby applies for a permit to do work herein described and located as shown on the plot map attached to this application. The undersigned agrees that all work will be done in accordance with the zoning ordinance and all other ordinances including the Stormwater requirements of the City of Dodgeville and with all laws of the State of Wisconsin applicable to said premises, and with the information hereon or attached.

Permit is in effect for one year from the date of issuance.

Signed: _____ (Owner)

Signed: _____ (Agent)

Address: _____

Address: _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Estimated cost: \$ _____

Permit Fee: \$ _____

Date Application Approved _____

Issued by: _____

Tax Parcel # _____

Describe your project:

