

## REQUIRED BUILDING PERMIT INFORMATION

Please be aware that from this point on the following information MUST be included on your Building Permit Application or it will not be approved.

1. Plot plan with the outline of the building located on the site and dimensioned from all property lines.
2. A cross section of the construction of a typical wall listing all materials and thicknesses and/or insulation values.

Thank You,

Gary N Zay

Building Official/Code Enforcement Officer

RECEIPT NO. \_\_\_\_\_

FORM "A"

PERMIT NO. \_\_\_\_\_

# BUILDING PERMIT APPLICATION

JURISDICTION OF CITY OF MADISON

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

<i>JOB ADDRESS</i>			
<b>1</b>	LEGAL DESCR.		
<b>2</b>	OWNER	MAIL ADDRESS	ZIP PHONE
<b>3</b>	CONTRACTOR	MAIL ADDRESS	PHONE
<b>4</b>	SIDEWALK CONTRACTOR	MAIL ADDRESS	PHONE
<b>5</b>	PLUMBER	MAIL ADDRESS	PHONE
<b>6</b>	ELECTRICIAN	MAIL ADDRESS	PHONE
<b>7</b>	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE
<b>8</b>	ENGINEER	MAIL ADDRESS	PHONE
<b>9</b>	USE OF BUILDING	MAIL ADDRESS	PHONE
<b>10</b>	<b>CLASS OF WORK:</b> <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE		
<b>11</b>	DESCRIBE WORK:		
<b>12</b>	VALUATION OF WORK \$	PERMIT FEE \$	
<b>SPECIAL CONDITIONS</b>			
		TYPE OF CONST.	OCCUPANCY GROUP
		SIZE OF BLDG. (TOTAL) SQ. FT.	NO. OF STORIES
		FIRE ZONE	USE ZONE
APPLICATION ACCEPTED BY	PLANS CHECKED BY	DATE OF APPROVAL	FLOOD AREA
		NO. OF DWELLING UNITS	OCC. LOAD
		COVERED	FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
		UNCOVERED	OFFSTREET PARKING SPACES
<b>NOTICE</b>			
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.			
_____ PRINTED NAME OF APPLICANT			
_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		_____ SIGNATURE OF OWNER (IF OWNER BUILDER)	
(DATE)		(DATE)	

**FORM B - SIMPLE PLOT PLAN**

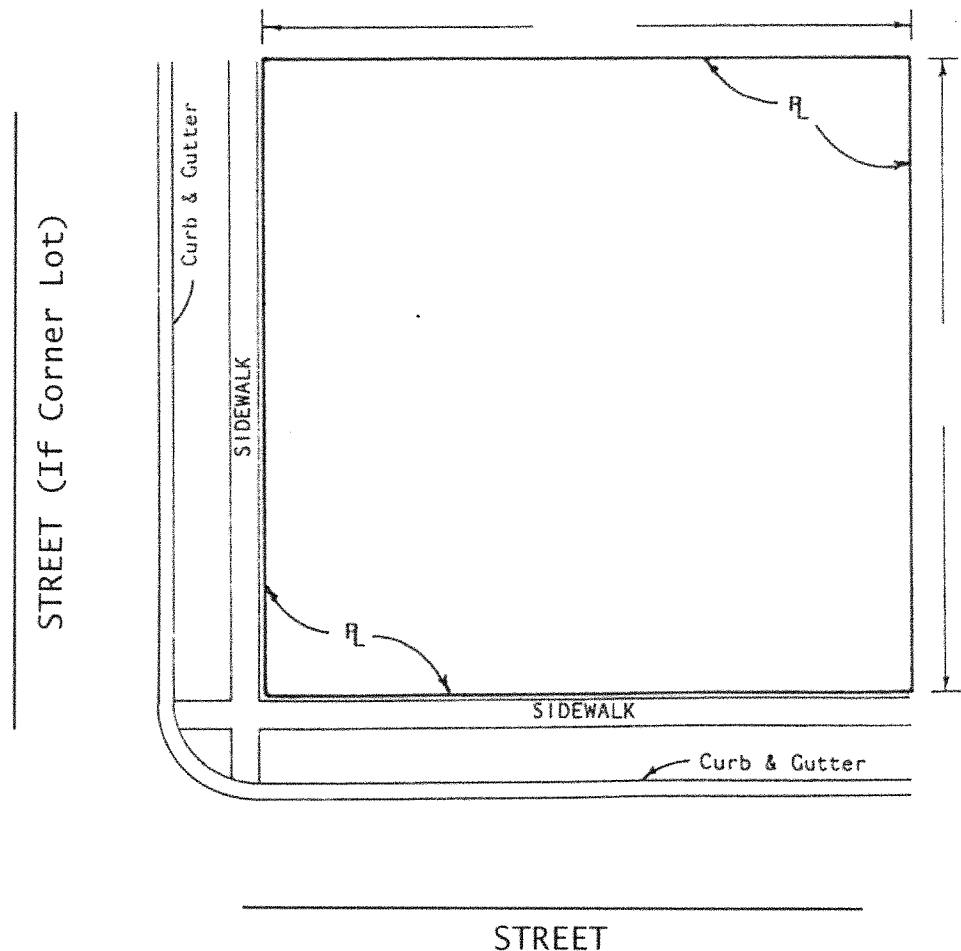
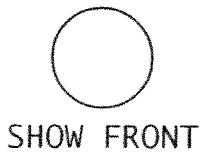
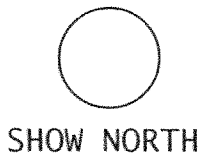
STREET ADDRESS: \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**

Depict location of proposed improvements and existing buildings & improvements. Indicate proposed building setback dimensions from property lines. Show lot dimensions and existing utility locations & easements. Contact One-Call for assistance with existing utilities (800-781-7474). Applicant shall submit a plot plan drawing to a reasonable scale in lieu of this form for major projects when requested by the City Staff.

**WARNING: DO NOT MEASURE FROM CURB & GUTTER.  
SETBACKS REQUIRED FROM PROPERTY LINE.**



RL PROPERTY LINE

I/We certify that the proposed construction will conform to the dimensions and details as shown on this drawing. No changes will be made without first obtaining approval.

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature of Contractor