

TOWN OF SARATOGA 1120 HWY 73 S WISC. RAPIDS, WI 54494 715-325-5204	TOWN OF SARATOGA COMMERCIAL TRACKING DOCUMENT 1120 HWY 73-Wisc. Rapids, WI 54494 715-325-5204	Application No.
		Parcel No.

Constr. HVAC Electric Plumbing Fire Suppression Fire Alarm

Owner's Name	Mailing Address		Telephone
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address	Tel. FAX
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PROJECT LOCATION Lot area Ft One acre or more of soil will be disturbed _____ ¼, _____ ¼, of Section _____, T _____ N, R _____ E (or) W

Building Address _____ Subdivision Name _____ Lot No. _____ Block No. _____

1. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Early Start <input type="checkbox"/> Temporary <input type="checkbox"/> Footing & Foundation <input type="checkbox"/> Other:	3. OCCUPANCY <input type="checkbox"/> Multi-Family <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Mfg. <input type="checkbox"/> S-Storage <input type="checkbox"/> A-Assembly <input type="checkbox"/> Other:	6. ELECTRIC Entrance Panel Amps: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Volts 7. WALLS	9. HVAC EQUIP. <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Roof Top Units <input type="checkbox"/> Other <input type="checkbox"/> Grease Hood	12. ENERGY SOURCE Fuel: <input type="checkbox"/> Nat Gas <input type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Elec <input type="checkbox"/> Solid <input type="checkbox"/> Solar Space Htg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. AREA INVOLVED (sq. ft.)	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd per WI <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # <hr/> <input type="checkbox"/> Grease Trap	13. FIRE PROTECTION SPRINKLER CONTRACTORS NAME: ADDRESS: PHONE _____ FAX _____ FIRE ALARM CONTRACTORS NAME: ADDRESS: PHONE _____ FAX _____
	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> 3-Story <input type="checkbox"/> Plus Basement <input type="checkbox"/> Other	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Temp: <input type="checkbox"/> Other:	11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	14. ESTIMATED BUILDING COST \$ _____

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS 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.

This document is for tracking purposes only!

ISSUING JURISDICTION Town of Village of City of County of State-WI SARATOGA Municipality Number of Dwelling Location _____

FEES: BUILDING \$ ELECTRICAL PLUMBING HVAC OTHER TOTAL	PERMIT(S) ISSUED <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Smoke Alarm System	ISSUED BY: Name _____ Date _____ Telephone No. _____ Cert No. _____
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