

COMMERCIAL PERMIT APPLICATION FOR:

Building, Electrical, Plumbing, HVAC, & Fire Protection/Alarm Systems

505 Third Street • Hudson, WI 54016-1694

www.hudsonwi.gov

COMMUNITY DEVELOPMENT

SENIOR BUILDING INSPECTOR DAVID GRAY (715) 716-5755 dgray@hudsonwi.gov



FIRE DEPARTMENT

MIKE PERUCCA FIRE INSPECTOR (715) 808-0709 mperucca@hudsonwi.gov DREW SPIELMAN FIRE CHEIF (715) 808-1106

dspielman@hudsonwi.gov

The city has a combination permit system. A permit will include the building permit, electrical, plumbing, HVAC and fire protection systems, as applicable. Therefore, information for all contractors associated with the project must be completed in the contractor section below.

BUILDING/SITE INFORMATION											
Applicant's Name (if different than owner)	Telephone (Daytime)		Email								
Applicant's Mailing Address											
Building/Site Address											
Occupancy Classification A B E F H I	M R S U	Construction Classificat	ation V V								
Square Footage	Number Levels Above	Grade	Number Below Grade								
BUSINESS INFORMATION											
Business Name											
Business Address											
Briefly describe business use:											
Property Owner's Name	Telephone (Daytime)		Email								
Mailing Address											
PROJECT INFORMATION											
Project Description											
Will your project require a new or larger water	meter? If yes, what size	meter will be necessary	y or provide Gallons per Minute Demand?								
Domestic YES NO If yes, what size	\$	Irrigation YES	NO If yes, what size?								
Approximate Project Cost		Anticipated Start Date									

CONTRACTOR IN	FORMATIO	N – Applica	tions will not	be accepted	without the	following info	rmation:	
Contractor Name, Address, Telephone Number, & Email								WI Credential/License Number(s)
General Contractor	Name:				Pho	one:		
Address:					Em	ail:	Not Required	
Electrical Contracto	r Name:				Pho	one:		
Address:	<u>-</u>				Em	ail:		
Master Electrician	Name:				Pho	one:		
Address:	<u>.</u>				Em	ail:		
HVAC	AC Name:				Pho	one:		
Address:					Em	ail:		
Plumbing	Name:				Pho	one:		
Address:				Em	ail:			
Fire Sprinkler	Name:			Pho	one:			
Address:	ress:			Em	ail:			
Fire Alarm	Name:				Pho	one:		
Address:	I			Em	ail:	Not Required		
Kitchen Suppression	n Name:			Pho	one:			
Address:	i				Em	ail:		
FIRE PROTECTION			ON					
Approximate Start D				A	pproximate	End Date: (mo	onth/year)	
Description of work	to be comple	eted:						
SPRINKLER DESIGN Work to be complete								
Type of system to be	e installed:	13	13R	13D	Other(sp	pecify):		
WATER SUPPLY								
Type of System:	Public Main	Tank/F	Reservoir	Fire Pump	We	t Dry	Pre-action	Deluge
Additional notes:								
FIRE DEPARTMENT					, approval Fe	an are based a	n the value of each	ystem. Use the below
formula for each syste		•	•		, арргочаг, ге	ees are based of	mine value of eachs	ystem. Ose the below
Sprinkler: Value (V):		Permit Fee (V x .012):+ \$			+ \$50 Fir	50 Final Occupancy = Total:(I		(Minimum \$100.00)
Fire Alarm: Value (V):		Permit Fee (V x .012):			+ \$50 Fir	nal Occupancy :	(Minimum \$100.00)	
Kitchen Suppression:		Permit Fee (V x .012):						
value (v).		Permir Fee (v	x .012):		+ \$50 Fir		= 101al: nd Total:	(Minimum \$100.00)
FIRE DEPARTMENT			FIRE PROTE	CTION OR FIR	E ALARM S	SYSTEMS:		
Review/Occupancy I Foot of Project:	rispection squa (\$Q)		e (SQ x .08):	+ \$50	Final Occupa	ncy = Total:	(Minimum \$10	00.00)
I understand that I am of this permit creates	subject to all a	pplicable codes y, express or im	s, laws, statut plied, on the	es, and ordinance state or municipa	es. I am subject lity; and certi	ct to any condition	ons of this permit; uno	derstand that the issuance curate. I expressly grant
the building inspector, proper purpose to insp				ssion to enter the	premises for	which the perm	it is sought at all reas	onable hours and for any
			SI	GNATURE OF A	PPLICANT		DAT	E

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