



**CITY OF WAUPACA
DEPARTMENT OF INSPECTION
111 S. MAIN STREET
WAUPACA, WI 54981
PHONE: 715-942-9908 · FAX: 715-258-4426**

APPLICATION FOR ROOFING, SIDING, WINDOWS/DOORS PERMIT

DATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PROJECT ADDRESS: _____ PARCEL NO: _____

OCCUPANCY: 1 & 2 FAMILY COMMERCIAL INDUSTRIAL INSTITUTIONAL ACCESSORY

PROJECT COST: \$ _____

Please complete the applicable sections below:

Roofing:

Tear off No Yes
Sheathing (replace) No Yes Size: _____
Ice & water shield No Yes
Roof Vent(s) No Yes Number: _____
Ridge Vent No Yes
Shingle warranty 25 30 Other: _____

Siding:

Tear off existing siding No Yes
Tyvek/House wrap No Yes
½" r-board No Yes
¼" r-board No Yes
Siding type Vinyl Other: _____
Alum soffit & fascia No Yes
Trim windows/doors No Yes

Windows & Doors:

Total number of windows _____

<u>Location:</u>	<u>Number:</u>	<u>Type:</u>				
Living	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Kitchen	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Dining	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Bedroom	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Bath	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____
Basement	_____	<input type="checkbox"/> Bow	<input type="checkbox"/> Slider	<input type="checkbox"/> Casement	<input type="checkbox"/> Dbl-hung	<input type="checkbox"/> Other: _____

Number of entrance doors _____ Storms/screens: No Yes

Number of patio doors _____

Will all replacement windows/doors fit the existing openings: No Yes

If no, please attach a list including window location(s) and if the replacement will be smaller or larger than the existing opening.

Cautionary Statement to Owners Obtaining Building Permits

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the City of Waupaca.

NAME OF CONTRACTOR/INSTALLER: _____

ADDRESS: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

DWELLING CONTRACTOR LICENSE #: _____ EXPIRATION DATE: _____

DWELLING CONTRACTOR QUALIFIER #: _____ EXPIRATION DATE: _____

CONTRACTOR/APPLICANT'S SIGNATURE: _____