



**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: \_\_\_\_\_