



COMMERCIAL PERMIT APPLICATION FOR:
Building, Electrical, Plumbing, HVAC, & Fire Protection/Alarm Systems

Email completed applications
 and plans to David Gray at
dgray@hudsonwi.gov

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COMMUNITY DEVELOPMENT

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



FIRE DEPARTMENT

MIKE PERUCCA
 FIRE MARSHAL
 (715) 808-0709
mperucca@hudsonwi.gov

DREW SPIELMAN
 FIRE CHIEF
 (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. However, retaining walls require their own permits from the Engineering Department: [Permit Application for Retaining Walls](#)

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 Classification I II III IV 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 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 INFORMATION – Applications will not be accepted without the following information:			
Contractor Name, Address, Telephone Number, & Email			WI Credential/License Number(s)
General Contractor	Name:	Phone:	Not Required
Address:		Email:	
Electrical Contractor	Name:	Phone:	
Address:		Email:	
Master Electrician	Name:	Phone:	
Address:		Email:	
HVAC	Name:	Phone:	
Address:		Email:	
Plumbing	Name:	Phone:	
Address:		Email:	
Fire Sprinkler	Name:	Phone:	
Address:		Email:	
Fire Alarm	Name:	Phone:	Not Required
Address:		Email:	
Kitchen Suppression	Name:	Phone:	
Address:		Email:	

FIRE PROTECTION SYSTEM INFORMATION – Tru-Lock key boxes need to be installed and key provided prior to commissioning fire protection systems.	
Approximate Start Date: (month/year)	Approximate End Date: (month/year)
Description of work to be completed:	
SPRINKLER DESIGN	
Work to be completed:	
Type of system to be installed:	
13	13R 13D Other(specify): _____
WATER SUPPLY	
Type of System:	
Public Main	Tank/Reservoir Fire Pump Wet Dry Pre-action Deluge
Additional notes:	
FIRE DEPARTMENT INSPECTION OF THE FOLLOWING SYSTEMS:	
All systems are subject to reviews, inspections, acceptance, and final occupancy approval. Fees are based on the value of each system. Use the below formula for each system to find the amount owed as part of the overall permit.	
Sprinkler: Value (V): _____ Permit Fee (V x .012): _____ + \$50 Final Occupancy = Total: _____ (Minimum \$100.00)	
Fire Alarm: Value (V): _____ Permit Fee (V x .012): _____ + \$50 Final Occupancy = Total: _____ (Minimum \$100.00)	
Kitchen Suppression: Value (V): _____ Permit Fee (V x .012): _____ + \$50 Final Occupancy = Total: _____ (Minimum \$100.00)	
Grand Total: _____	
FIRE DEPARTMENT INSPECTIONS WITHOUT FIRE PROTECTION OR FIRE ALARM SYSTEMS:	
Review/Occupancy Inspection Square	
Foot of Project: _____ (SQ) Permit Fee (SQ x .08): _____ + \$50 Final Occupancy = Total: _____ (Minimum \$100.00)	

I understand that I am subject to all applicable codes, laws, statutes, and ordinances. I am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which the permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

SIGNATURE OF APPLICANT _____ DATE _____