

262-420-4732 SAFEbuilt, Inc.	WI UNIFORM PERMIT APPLICATION Wlinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>	PERMIT NO. _____ TAXKEY# _____
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	PROJECT LOCATION (Building Address)	PROJECT DESCRIPTION
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Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Construction Contractor _____	LicNo. _____	Telephone - Include Area Code _____
Mailing Address - Include City & Zip _____		Email _____
Dwelling Contractor Qualifier (shall be an owner, CEO, COB, or employee of Dwelling Contractor) DCQ LicNo. _____		Telephone - Include Area Code _____
Mailing Address - Include City & Zip _____		Email _____
Plumbing Contractor _____	LicNo. _____	Telephone - Include Area Code _____
Mailing Address - Include City & Zip _____		Email _____
Electrical Contractor _____	LicNo. _____	Telephone - Include Area Code _____
Mailing Address - Include City & Zip _____		Email _____
HVAC Contractor _____	LicNo. _____	Telephone - Include Area Code _____
Mailing Address - Include City & Zip _____		Email _____

PROJECT INFORMATION				Subdivision Name _____		Lot No. _____	Block No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks _____	Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.	Right _____ Ft.																						
1a. PROJECT	3. TYPE	6. STORIES	9. HVAC EQUIPMENT		12. ENERGY SOURCE																							
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Fuel</td> <td style="padding: 2px;">Nat. Gas</td> <td style="padding: 2px;">LP.</td> <td style="padding: 2px;">Oil</td> <td style="padding: 2px;">Elec.*</td> <td style="padding: 2px;">Solid</td> <td style="padding: 2px;">Solar</td> </tr> <tr> <td style="padding: 2px;">Space Htg</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Water Htg</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.</p>			Fuel	Nat. Gas	LP.	Oil	Elec.*	Solid	Solar	Space Htg	<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"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		13. HEAT LOSS (Calculated)																							
Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____					Total _____ BTU/HR																				
2. AREA	5. ELECTRICAL	8. USE	11. WATER		14. ESTIMATED COST																							
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: ___ New ___ Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		\$ _____																							

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the municipality ordinances.

APPLICANT (PRINT): _____ **SIGN:** _____ **DATE:** _____

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
 Electric Rough Service Final **Plumbing** Rough Underfloor Final **HVAC** Rough Final

FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. _____
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	RECEIPT	PERMIT EXPIRATION:
		CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.
		PERMIT ISSUED BY MUNICIPAL AGENT:	
		Name _____ Date _____ Certification No. _____	