

262-420-4732 SAFEbuilt, Inc.	<b>WI UNIFORM PERMIT APPLICATION</b> Wlinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>	PERMIT NO. _____ TAXKEY# _____
<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	<b>PROJECT LOCATION</b> (Building Address) _____ <b>PROJECT DESCRIPTION</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
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 _____		
<b>PROJECT INFORMATION</b>		Subdivision Name _____
Zoning District _____	Lot Area _____ Sq. Ft.	Lot No. _____ Block No. _____
	N.S.E.W. _____	Front _____ Ft.    Rear _____ Ft.
	<b>Setbacks</b>	Left _____ Ft.    Right _____ Ft.
<b>1a. PROJECT</b>	<b>3. TYPE</b>	<b>6. STORIES</b>
<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 _____
<b>1b. GARAGE</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>
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 _____
<b>2. AREA</b>	<b>5. ELECTRICAL</b>	<b>8. USE</b>
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: ___ New ___ Rewire ____ Phase _____ Volts ____ Underground ____ Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____
	<b>9. HVAC EQUIPMENT</b>	<b>10. PLUMBING</b>
	<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 _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____
	<b>11. WATER</b>	<b>12. ENERGY SOURCE</b>
	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	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"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.
	<b>13. HEAT LOSS (Calculated)</b>	<b>14. ESTIMATED COST</b>
	Total _____ BTU/HR	\$ _____
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 municipal ordinances.		
APPLICANT (PRINT): _____ SIGN: _____ DATE: _____		
<b>APPROVAL CONDITIONS</b> 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.		
<b>INSPECTIONS NEEDED</b> Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final    Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final    HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final		
<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	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 # _____	<b>RECEIPT</b> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____
		<b>PERMIT EXPIRATION:</b> Permit expires two years from date issued unless municipal ordinance is more restrictive.
		<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> Name _____ Date _____ Certification No. _____