

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# _____																						
ISSUING MUNICIPALITY		<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____		PROJECT LOCATION (Building Address)		PROJECT DESCRIPTION <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 Lic No. _____						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. _____																						
Zoning District _____		Lot Area _____		N.S.E.W. _____		Block No. _____																						
		Sq. Ft. _____		Front _____		Left _____																						
		Setbacks _____		Rear _____		Right _____																						
1a. PROJECT		3. TYPE		6. STORIES		9. HVAC EQUIPMENT																						
<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 _____																						
1b. GARAGE		4. CONST. TYPE		7. FOUNDATION		10. PLUMBING																						
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. _____																						
2. AREA		5. ELECTRICAL		8. USE		11. WATER																						
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 _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																						
						12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat. Gas</td> <td>LP.</td> <td>Oil</td> <td>Elec.</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.		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"/>
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"/>																						
						13. HEAT LOSS (Calculated)																						
						Total _____ BTU/HR																						
						14. ESTIMATED COST																						
						\$ _____																						

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:** _____

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 CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____		PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.	
						PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____	

EXHIBIT C - MUNICIPAL FEE SCHEDULE

TOWN OF BROOKLYN , WISCONSIN

Residential Building -1 & 2 Family	Fee Description	Fee	Minimum
New Dwelling/Addition	per square foot	\$0.44	\$160.00
Plan Review	per permit	<3000 Sq Ft \$300 >3000 \$300 +.10/sq ft	\$300.00
Erosion Control	new home	\$205	
Erosion Control	addition	\$150.00	
Remodel /Alteration	per thousand of valuation	\$10.00	\$125.00
Plan Review of remodel/alteration	per permit	<3000 Sq ft \$300 >3000 \$300 + .10/sq ft	\$300
Accessory Structure / Deck	per square foot	\$0.44	\$65.00
Occupancy Permit	per dwelling unit	\$65.00	
Early Start Permit (footing & foundation)	per dwelling unit	\$65.00	
Residential Plumbing	Fee Description	Fee	Minimum
New Building/Addition/Alterations (Alterations based on sq. ft. of alteration)	base fee + per square foot	\$62.00 base + \$2.40/100 sq ft of plumbing	\$65.00
Replacement & Misc. Items	per thousand of plumbing valuation	\$10.00	\$65.00
Residential Electrical	Fee Description	Fee	Minimum
New Building/Addition/Alterations (Alterations based on sq. ft. of alteration)	base fee + per square foot	\$62.00 base + \$2.40/100 sq ft of electrical area	\$65.00
Replacement & Misc. Items	per thousand of electrical valuation	\$10.00	\$65.00
Residential HVAC	Fee Description	Fee	Minimum
New Building/Addition/Alterations (Alterations based on sq. ft. of alteration)	base fee + per square foot	\$62.00 base + \$2.40/100 sq ft of AC area	\$65.00
Replacement & Misc. Items	per thousand of HVAC valuation	\$10.00	\$65.00
Residential Miscellaneous	Fee Description	Fee	Minimum
Razing Fee	per square foot	\$0.05	\$75.00
Other		\$65.00	\$65.00
Re-Inspection	per inspection	\$65.00	\$65.00
Failure to request an Inspection	per occurrence	\$65.00	\$65.00
Work started before Permit Issuance	per occurrence	Double normal fees	
Permit Renewal	per occurrence	50% of fee; current fee schedule	
State of Wisconsin Fee	Fee Description	Fee	Minimum
State Seal	Municipality retains 100%	\$80.00	
Commercial Electrical Permit	Per thousand of electrical valuation	\$10.00	100.00

Effective March 1, 2025

CM 92
2/21/2025