

262-420-4732
SAFEbuilt, Inc.

WI UNIFORM PERMIT APPLICATION

Wlinspections@safebuilt.com

Inspections need to be called in by 4 pm for next business day inspections.

PERMIT NO.

TAXKEY#

ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)		
	OF _____	COUNTY: _____		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	Lic No.	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	Lic No.	Telephone - Include Area Code
Mailing Address - Include City & Zip	Email	
Electrical Contractor	Lic No.	Telephone - Include Area Code
Mailing Address - Include City & Zip	Email	
HVAC Contractor	Lic No.	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 _____		Fuel	Nat. Gas	L.P.	Oil	Elec.	Solid	Solar
						Space Htg	<input type="checkbox"/>					
						Water Htg	<input type="checkbox"/>					
1b. GARAGE		4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.						
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 _____	<input type="checkbox"/> Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____								
2. AREA		5. ELECTRICAL	8. USE	11. WATER		13. HEAT LOSS (Calculated)						
Basement _____ Sq. Ft.	Living Area _____ Sq. Ft.	Entrance Panel Size: _____ amp Service: _____ New _____ Rewire	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU//HR						
Garage _____ Sq. Ft.	Other _____ Sq. Ft.	Phase _____ Volts Underground Overhead Power Company: _____				14. ESTIMATED COST						
TOTAL _____						\$ _____						

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

NOTICE TO PERMIT APPLICANTS

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.

Cautionary Statement to Contractors for Projects Involving Building Built Before 1978

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to <http://dhs.wisconsin.gov/lead/WisconsinRRRule.htm> for details of how to be in compliance

Wetlands Notice to Permit Applicants

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

Wetlands Identification web page: <http://dnr.wi.gov/wetlands/locating.html>

DNR Waterway & Wetland Permits web page: <http://dnr.wi.gov/waterways/>

WI Dept. of Natural Resources Service Center Link: <http://dnr.wi.gov/org/caer/cs/servicecenter/ssbycity.htm#milwaukee>

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Signature below indicates receipt and acknowledgement of the contents of this document.

Applicant/Property Owner Name: _____

Signature: _____ Date: _____

Parcel Number _____

Fire Number and Street Address of Project: _____

File Copy

Applicant/Owner Copy