

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 checked="" type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF <u>Bloomington</u> COUNTY: <u>Dane</u>	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 _____ 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. _____ Front _____ Ft. Rear _____ Ft.	Left _____ Ft. Right _____ Ft.																					
1a. PROJECT <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 _____	3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	6. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____																					
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	9. HVAC EQUIPMENT <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 _____																					
2. AREA Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	5. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> New <input type="checkbox"/> Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
		10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																					
		11. WATER <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> <th>Fuel</th> <th>Nat. Gas</th> <th>L.P.</th> <th>Oil</th> <th>Elec. *</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg <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> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg <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> <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	L.P.	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"/>
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Water Htg <input type="checkbox"/>	<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 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 <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																							
FEES: Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	PERMIT(S) ISSUED Bldg. # At top of form Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	SEAL NO. _____ Municipality No. _____																					
		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. _____																					