

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 _____ 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 _____																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">PROJECT INFORMATION</td> <td colspan="2">Subdivision Name _____</td> <td>Lot No. _____</td> <td>Block No. _____</td> </tr> <tr> <td>Zoning District _____</td> <td>Lot Area _____ Sq. Ft.</td> <td>N.S.E.W. _____</td> <td>Front _____ Ft.</td> <td>Rear _____ Ft.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Setbacks _____</td> <td></td> <td></td> <td></td> </tr> </table>			PROJECT INFORMATION		Subdivision Name _____		Lot No. _____	Block No. _____	Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____	Front _____ Ft.	Rear _____ Ft.				Setbacks _____									
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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 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: ___ New ___ Rewire _____ Phase _____ Volts ___ Underground ___ Overhead Power Company: _____		10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																						
		7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____		11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																						
		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		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</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	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"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				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. _____			