

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 _____
PROJECT INFORMATION		
Subdivision Name _____		Lot No. _____
Block No. _____		Zoning District _____
Lot Area _____ Sq. Ft.	N.S.E.W. _____	Front _____ Ft.
Setbacks _____	Rear _____ Ft.	Left _____ Ft.
Right _____ Ft.		
1a. PROJECT	3. TYPE	6. STORIES
<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 _____
1b. GARAGE	4. CONST. TYPE	9. HVAC EQUIPMENT
Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<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	5. ELECTRICAL	10. PLUMBING
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: _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____
7. FOUNDATION		11. WATER
<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well
8. USE		12. ENERGY SOURCE
<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		Fuel Nat. LP. Oil Elec. Solid Solar Gas * * * 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"/>
13. HEAT LOSS (Calculated)		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.
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 <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:	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. _____