

1-262-346-4577 SAFEbuilt, Inc.	WI UNIFORM PERMIT APPLICATION hartfordinspections@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)		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY	
	OF _____ COUNTY: _____	PROJECT DESCRIPTION			
Owner's Name _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Construction Contractor (DC Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Dwelling Contractor Qualifier (DCQ Lic No.) _____		Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor		Telephone - Include Area Code _____	
Plumbing Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Electrical Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
HVAC Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
PROJECT INFORMATION			Subdivision Name _____		Lot No. _____
Zoning District _____		Lot Area _____ Sq. Ft.		Block No. _____	
N.S.E.W. _____		Front _____ Ft.		Rear _____ Ft.	
Setbacks _____		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	
<input type="checkbox"/> 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. _____	
8. USE		11. WATER		12. ENERGY SOURCE	
<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		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"/>	
* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.				13. HEAT LOSS (Calculated)	
				Total _____ BTU/HR	
				14. ESTIMATED COST	
				\$ _____	
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.					
<input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.					
APPLICANT (PRINT): _____					
SAFEbuilt, Inc.			Signature _____		Date _____
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. _____	

Scope of Work

Only items listed are part of this permit. If work is done on items not listed on this permit they will be considered to have been completed without a permit and are subject to double fees.

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost _____

Signature _____

Date _____

Requested Changes at time of work

Must be submitted to the Village prior to or same day work is completed. Failure to return the same day will result in double permit fees.

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost _____

Signature _____

Date _____