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| 262-420-4732 SAFEbuilt, Inc. | WI UNIFORM PERMIT APPLICATION WIinspections@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 _____ | | LicNo. _____ 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 _____ | | LicNo. _____ Telephone - Include Area Code _____ |
| Mailing Address - Include City & Zip _____ | | Email _____ |
| Electrical Contractor _____ | | LicNo. _____ Telephone - Include Area Code _____ |
| Mailing Address - Include City & Zip _____ | | Email _____ |
| HVAC Contractor _____ | | LicNo. _____ 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. | Setbacks _____ | 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 | 7. FOUNDATION |
| 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: _____ | <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____ |
| 10. PLUMBING | 8. USE | 11. WATER |
| Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____ | <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ | <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well |
| 12. ENERGY SOURCE | | 13. HEAT LOSS (Calculated) |
| Fuel | Nat. Gas | L.P. |
| Oil | Elec. * | Solid |
| Solar | Space Htg | Water Htg |
| * <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. _____ |