Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.

WI UNIFORM PERMIT APPLICATION

PERMIT NO.

TAX KEY#

ISSUING MUNICIPALITY

☐ TOWN ☐ VILLAGE ☐ CITY

OF _____

COUNTY: _____

PROJECT LOCATION (Building Address)

PROJECT DESCRIPTION

☐ COMMERCIAL ☐ ONE & TWO FAMILY

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.	Block No.

Zoning District	Lot Area Sq. Ft.	N.S.E.W. Setbacks	Front Ft.	Rear Ft.	Left Ft.	Right Ft.

1a. PROJECT

☐ New ☐ Addition ☐ Raze
☐ Alteration ☐ Repair ☐ Move
☐ Other _____

1b. GARAGE

☐ Attached ☐ Detached

2. AREA

Basement _____ Sq. Ft.
Living Area _____ Sq. Ft.
Garage _____ Sq. Ft.
Other _____ Sq. Ft.
TOTAL _____

3. TYPE

☐ Single Family
☐ Two Family
☐ Multi
☐ Commercial

4. CONST. TYPE

☐ Site Constructed
☐ Mfd. UDC
☐ Mfd. HUD

5. STORIES

☐ 1-Story
☐ 2-Story
☐ Other _____

6. ELECTRICAL

Entrance Panel Size: _____ amp
Service:
☐ Underground
☐ Overhead

7. FOUNDATION

☐ Concrete
☐ Masonry
☐ Treated Wood
☐ ICF
☐ Other _____

8. USE

☐ Seasonal
☐ Permanent
☐ Other _____

9. HVAC EQUIPMENT

☐ Forced Air Furnace
☐ Radiant Baseboard or Panel
☐ Heat Pump
☐ Boiler
☐ Central Air Conditioning
☐ Other _____

10. PLUMBING

Sewer
☐ Municipal
☐ Septic No. _____

11. WATER

☐ Municipal Utility
☐ Private On-Site Well

12. ENERGY SOURCE

Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar
Space Htg	☐	☐	☐	☐	☐	☐
Water Htg	☐	☐	☐	☐	☐	☐

*☐ Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.

13. HEAT LOSS (Calculated)

Total _____ BTU//HR

14. ESTIMATED COST

$

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ **PRINT NAME** _____ 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	_____	Bldg. # At top of form		
Zoning Fee	_____	Zoning # _____		
WI Seal	_____	Elec. # _____		
Electric Fee	_____	Plmb. # _____		
Plumbing Fee	_____	HVAC # _____		
HVAC Fee	_____			
Adm. Fee	_____			
Other	_____			
Total	_____			

RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____
Amount $ _____		Date _____
Date _____		Certification No. _____
From _____		
Rec By. _____		

White - Municipal Files Yellow - Applicant Pink - Clerk/Assessor

Wisconsin Uniform 03/11