

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 _____		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	7. FOUNDATION																					
<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"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
2. AREA	5. ELECTRICAL	8. USE																					
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"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____																					
9. HVAC EQUIPMENT		10. PLUMBING																					
<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 _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																					
11. WATER		12. ENERGY SOURCE																					
<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Fuel</td> <td style="padding: 2px;">Nat. Gas</td> <td style="padding: 2px;">L.P.</td> <td style="padding: 2px;">Oil</td> <td style="padding: 2px;">Elec. *</td> <td style="padding: 2px;">Solid</td> <td style="padding: 2px;">Solar</td> </tr> <tr> <td style="padding: 2px;">Space Htg</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Water Htg</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>	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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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
13. HEAT LOSS (Calculated)		14. ESTIMATED COST																					
Total _____ BTU/HR		\$ _____																					
* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																							
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 # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">RECEIPT</td> <td style="padding: 2px;">PERMIT EXPIRATION:</td> <td style="padding: 2px;">PERMIT ISSUED BY MUNICIPAL AGENT:</td> </tr> <tr> <td style="padding: 2px;">CK # _____</td> <td style="padding: 2px;">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> <td style="padding: 2px;">Name _____</td> </tr> <tr> <td style="padding: 2px;">Amount \$ _____</td> <td style="padding: 2px;">Date _____</td> <td style="padding: 2px;">Date _____</td> </tr> <tr> <td style="padding: 2px;">Date _____</td> <td style="padding: 2px;">From _____</td> <td style="padding: 2px;">Certification No. _____</td> </tr> <tr> <td style="padding: 2px;">Rec By. _____</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	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 _____	Date _____	From _____	Certification No. _____	Rec By. _____								
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