

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. _____