

262-420-4732 SAFEbuilt, Inc.	<b>WI UNIFORM PERMIT APPLICATION</b> Wlinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>			PERMIT NO. _____																					
<b>ISSUING MUNICIPALITY</b>		<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	<b>PROJECT LOCATION</b> (Building Address)	TAXKEY# _____																					
Owner's Name _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																					
Construction Contractor _____		Lic No. _____		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 _____		Lic No. _____		Telephone - Include Area Code _____																					
Mailing Address - Include City & Zip _____		Email _____																							
Electrical Contractor _____		Lic No. _____		Telephone - Include Area Code _____																					
Mailing Address - Include City & Zip _____		Email _____																							
HVAC Contractor _____		Lic No. _____		Telephone - Include Area Code _____																					
Mailing Address - Include City & Zip _____		Email _____																							
<b>PROJECT INFORMATION</b>			Subdivision Name _____	Lot No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks _____	Front _____ Ft.	Rear _____ Ft.																					
Left _____ Ft.	Block No. _____		Right _____ Ft.	_____ Ft.																					
<b>1a. PROJECT</b>	<b>3. TYPE</b>	<b>6. STORIES</b>	<b>9. HVAC EQUIPMENT</b>	<b>12. ENERGY SOURCE</b>																					
<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 _____	<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 _____	<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> </tr> <tr> <td style="padding: 2px;">Water Htg</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"/>	Water Htg	<input type="checkbox"/>										
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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"/>																			
<b>1b. GARAGE</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>10. PLUMBING</b>	* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																					
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 _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																						
<b>2. AREA</b>	<b>5. ELECTRICAL</b>	<b>8. USE</b>	<b>11. WATER</b>	<b>13. HEAT LOSS (Calculated)</b>																					
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 _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	Total _____ BTU//HR																					
<b>14. ESTIMATED COST</b>				\$ _____																					
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: _____																									
<b>APPROVAL CONDITIONS</b> 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.																									
<b>INSPECTIONS NEEDED</b> 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																									
<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	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 # _____	<b>RECEIPT</b> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	<b>PERMIT EXPIRATION:</b> Permit expires two years from date issued unless municipal ordinance is more restrictive.	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> Name _____ Date _____ Certification No. _____																					