

262-420-4732
SAFEbuilt, Inc.

WI UNIFORM PERMIT APPLICATION

Wlinspections@safebuilt.com

Inspections need to be called in by 4 pm for next business day inspections.

PERMIT NO.

TAXKEY#

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

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

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		3. TYPE	6. STORIES	9. HVAC EQUIPMENT		12. ENERGY SOURCE						
<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 _____		Fuel	Nat. Gas	L.P.	Oil	Elec.	Solid	Solar
		4. CONST. TYPE	7. FOUNDATION			Space Htg						
1b. GARAGE		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	Concrete Masonry Treated Wood ICF Other _____			Water Htg						
Attached <input type="checkbox"/> Detached		5. ELECTRICAL	10. PLUMBING			* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.						
2. AREA		Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: _____ New _____ Rewire Phase _____ Volls _____ Underground _____ Overhead Power Company: _____	7. FOUNDATION	Sewer Municipal Septic No. _____							13. HEAT LOSS (Calculated)
3. TYPE		8. USE	11. WATER			Total _____ BTU//HR	14. ESTIMATED COST					
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well			\$ _____						

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 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 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. Name _____ Date _____ Certification No. _____