

262-420-4732 SAFEbuilt, Inc.	<h2 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h2> <p style="margin: 0;">Wlinspections@safebuilt.com</p> <p style="margin: 0;"><i>Inspections need to be called in by 4 pm for next business day inspections.</i></p>	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 LicNo. _____ 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 _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____																					
Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.																					
Right _____ Ft.	Block No. _____																						
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																					
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. _____																					
12. ENERGY SOURCE		11. WATER																					
<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"/>	* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.	
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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"/>																	
13. HEAT LOSS (Calculated)																							
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 # _____	<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;">From _____</td> <td style="padding: 2px;">Rec By. _____</td> <td style="padding: 2px;">Certification No. _____</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 _____	From _____	Rec By. _____	Certification No. _____									
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