1-800-422-5220
SAFEbuilt, Inc.

WI UNIFORM PERMIT APPLICATION

PERMIT NO.

TAX KEY#

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 (DC Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
Dwelling Contractor Qualifier (DCQ Lic No.)	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code
Plumbing Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
Electrical Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code
HVAC Contractor (Lic No.)	Mailing Address - Include City & Zip	Telephone - Include Area Code

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

☐ New ☐ Addition ☐ Raze
☐ Alteration ☐ Repair ☐ Move
☐ Other _____

1b. GARAGE

☐ Attached ☐ Detached

2. AREA

Basement _____ Sq. Ft.
Living Area _____ Sq. Ft.
Garage _____ Sq. Ft.
Other _____ Sq. Ft.
TOTAL _____

3. TYPE

☐ Single Family
☐ Two Family
☐ Multi
☐ Commercial

4. CONST. TYPE

☐ Site Constructed
☐ Mfd. UDC
☐ Mfd. HUD

5. ELECTRICAL

Entrance Panel
Size: ____ amp
Service: ___ New ___ Rewire
____ Phase ____ Volts
___ Underground
___ Overhead
Power Company: _____

6. STORIES

☐ 1-Story
☐ 2-Story
☐ Other _____

7. FOUNDATION

☐ Concrete
☐ Masonry
☐ Treated Wood
☐ ICF
☐ Other _____

8. USE

☐ Seasonal
☐ Permanent
☐ Other _____

9. HVAC EQUIPMENT

☐ Forced Air Furnace
☐ Radiant Baseboard or Panel
☐ Heat Pump
☐ Boiler
☐ Central Air Conditioning
☐ Other _____

10. PLUMBING

Sewer
☐ Municipal
☐ Septic No. _____

11. WATER

☐ Municipal Utility
☐ Private On-Site Well

12. ENERGY SOURCE

Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar
Space Htg	☐	☐	☐	☐	☐	☐
Water Htg	☐	☐	☐	☐	☐	☐

*☐ Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.

13. HEAT LOSS (Calculated)

Total _____ BTU//HR

14. ESTIMATED COST

$

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

☐ **I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.**

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 _____	Bldg. # At top of form	**RECEIPT**	**PERMIT EXPIRATION:** / **PERMIT ISSUED BY MUNICIPAL AGENT:**
Zoning Fee _____	Zoning # _____	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.
WI Seal _____	Elec. # _____	Amount $ _____	Name _____
Electric Fee _____	Plmb. # _____	Date _____	Date _____
Plumbing Fee _____	HVAC # _____	From _____	Certification No. _____
HVAC Fee _____		Rec By. _____	
Adm. Fee _____			
Other _____			
Total _____			

White - Municipal Files Yellow - Applicant Pink - Clerk/Assessor