

Call (414) 544-8280 or  
1-800-422-5220  
INDEPENDENT  
INSPECTIONS, LTD.  
ILHR 20-06(a)3

# NEW CONSTRUCTION

## PERMIT APPLICATION

PERMIT NO. \_\_\_\_\_

TAX KEY # \_\_\_\_\_

### ISSUING MUNICIPALITY

TOWN     VILLAGE     CITY

**PROJECT LOCATION**  
(Building Address)

OF \_\_\_\_\_

**PROJECT DESCRIPTION**

COMMERCIAL                       ONE & TWO FAMILY

Owner's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
General Contractor	Mailing Address - Include City & Zip	Telephone - Include Area Code
Construction Contractor	Mailing Address - Include City & Zip	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	Mailing Address - Include City & Zip	Telephone - Include Area Code

### PROJECT INFORMATION

\_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, SECTION \_\_\_\_\_, T. \_\_\_\_\_ N.R. \_\_\_\_\_ E(or)W

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.

<b>1a. PROJECT</b>	<b>3. TYPE</b>	<b>6. ELECTRICAL</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"/> Other _____	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<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> <th>Fuel</th> <th>Nat. Gas</th> <th>L.P.</th> <th>Oil</th> <th>Elec.</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><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"/>
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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 equip. Infiltration control option is: <input type="checkbox"/> Full sealing of joints. <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior air infiltration barrier.																					
<input type="checkbox"/> Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Permit No. _____																						
<b>2. AREA</b>	<b>5. STORIES</b>	<b>8. USE</b>	<b>11. WATER</b>	<b>13. HEAT LOSS (Calculated)</b>																					
Unfinished Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	Envelope _____ BTU/HR Infiltration _____ BTU/HR																					
				<b>14. ESTIMATED COST</b>																					
				\$ _____																					

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (414) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **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.

<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	Municipality Number of Dwelling Location: _____ - _____	
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<b>WIS. UNIFORM PERMIT SEAL NO.</b>	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>
			Name _____ Date _____ Certification No. _____