262-346-4577 **SAFEbuilt.** ✓	# WI UNIFORM PERMIT APPLICATION hartfordinspections@safebuilt.com *Inspections need to be called in by 4 pm for next business day inspections.*	**PERMIT NO.** TAX KEY #

ISSUING MUNICIPALITY	☐ TOWN ☐ VILLAGE ☐ CITY OF _____ COUNTY: _____	**PROJECT LOCATION** (Building Address) **PROJECT DESCRIPTION**	☐ COMMERCIAL ☐ ONE & TWO FAMI

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 ____

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 S
Space Htg	☐	☐	☐	☐	☐
Water Htg	☐	☐	☐	☐	☐

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

13. HEAT LOSS (Calculated)
Total _____ BTU//

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. __ __ - __ __

FEES:	**PERMIT(S) ISSUED**	**RECEIPT**	**PERMIT EXPIRATION:**	**PERMIT ISSUED BY MUNICIPAL AGENT:**
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 # _____	CK # _____ Amount $ _____ Date _____ From _____ Rec By. _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____ Date _____ Certification No. _____