

Return completed application to Village Clerk Office - 871 Main St.

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| 262-420-4732<br>SAFEbuilt, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>WI UNIFORM PERMIT APPLICATION</b><br><b>Wlinspections@safebuilt.com</b><br><i>Inspections need to be called in by 4 pm for next business day inspections.</i> | PERMIT NO.<br>TAXKEY#                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>ISSUING MUNICIPALITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY<br>OF _____<br>COUNTY: _____                                        | <b>PROJECT LOCATION</b><br>(Building Address)<br><br><b>PROJECT DESCRIPTION</b><br><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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>PROJECT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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. STORIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze<br><input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Multi<br><input type="checkbox"/> Commercial           | <input type="checkbox"/> 1-Story<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                       |
| <b>1b. GARAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>4. CONST. TYPE</b>                                                                                                                                            | <b>9. HVAC EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Attached <input type="checkbox"/> Detached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Site Constructed<br><input type="checkbox"/> Mfd. UDC<br><input type="checkbox"/> Mfd. HUD                                              | <input type="checkbox"/> Forced Air Furnace<br><input type="checkbox"/> Radiant Baseboard or Panel<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Central Air Conditioning<br><input type="checkbox"/> Other _____                                                                                                                                                                           |
| <b>2. AREA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5. ELECTRICAL</b>                                                                                                                                             | <b>7. FOUNDATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Basement _____ Sq. Ft.<br>Living Area _____ Sq. Ft.<br>Garage _____ Sq. Ft.<br>Other _____ Sq. Ft.<br>TOTAL _____                                                                                                                                                                                                                                                                                                                                                                                                                           | Entrance Panel Size: _____ amp<br>Service: ___New___Rewire<br>____Phase___Volts<br>___Underground___Overhead<br>Power Company: _____                             | <input type="checkbox"/> Concrete<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Treated Wood<br><input type="checkbox"/> ICF<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                             |
| <b>8. USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  | <b>10. PLUMBING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Seasonal<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                  | Sewer<br><input type="checkbox"/> Municipal<br><input type="checkbox"/> Septic No. _____                                                                                                                                                                                                                                                                                                                                                           |
| <b>11. WATER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  | <b>12. ENERGY SOURCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Municipal Utility<br><input type="checkbox"/> Private On-Site Well                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | Fuel    Nat. Gas    L.P.    Oil    Elec.    Solid    Solar<br>Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Water Htg <input type="checkbox"/> <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.                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>13. HEAT LOSS (Calculated)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Total _____ BTU/HR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>14. ESTIMATED COST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>APPROVAL CONDITIONS</b> 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.                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>INSPECTIONS NEEDED</b> 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<br>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 |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>FEES:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PERMIT(S) ISSUED</b>                                                                                                                                          | SEAL NO. _____ Municipality No. _____                                                                                                                                                                                                                                                                                                                                                                                                              |
| Building Fee _____<br>Zoning Fee _____<br>WI Seal _____<br>Electric Fee _____<br>Plumbing Fee _____<br>HVAC Fee _____<br>Adm. Fee _____<br>Other _____<br>Total _____                                                                                                                                                                                                                                                                                                                                                                       | Bldg. # At top of form<br>Zoning # _____<br>Elec. # _____<br>Plmb. # _____<br>HVAC # _____                                                                       | <b>RECEIPT</b><br>CK # _____<br>Amount \$ _____<br>Date _____<br>From _____<br>Rec By. _____                                                                                                                                                                                                                                                                                                                                                       |
| <b>PERMIT EXPIRATION:</b><br>Permit expires two years from date issued unless municipal ordinance is more restrictive.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  | <b>PERMIT ISSUED BY MUNICIPAL AGENT:</b><br>Name _____<br>Date _____<br>Certification No. _____                                                                                                                                                                                                                                                                                                                                                    |