

262-346-4577 SAFEbuilt.	WI UNIFORM PERMIT APPLICATION hartfordinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>	PERMIT NO. _____ TAXKEY# _____																					
ISSUING MUNICIPALITY OF _____ COUNTY: _____	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY 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 (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																					
Zoning District	Lot Area	Lot No.																					
Sq. Ft.	N.S.E.W. Setbacks	Block No.																					
Front	Rear	Left																					
Ft.	Ft.	Ft.																					
Right	Ft.	Ft.																					
1a. PROJECT <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 _____	3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	6. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____																					
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	9. HVAC EQUIPMENT <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 _____																					
2. AREA Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	5. ELECTRICAL Entrance Panel Size: _____ amp Service: ___ New ___ Rewire _____ Phase _____ Volts ___ Underground ___ Overhead Power Company: _____	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
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. <input type="checkbox"/> 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.																							
12. ENERGY SOURCE <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> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.			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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13. HEAT LOSS (Calculated) Total _____ BTU//HR																							
14. ESTIMATED COST \$ _____																							
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> <th style="text-align: center;">RECEIPT</th> <th style="text-align: center;">PERMIT EXPIRATION:</th> <th style="text-align: center;">PERMIT ISSUED BY MUNICIPAL AGENT:</th> </tr> <tr> <td>CK # _____</td> <td rowspan="4">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> <td>Name _____</td> </tr> <tr> <td>Amount \$ _____</td> <td>Date _____</td> </tr> <tr> <td>Date _____</td> <td>Certification No. _____</td> </tr> <tr> <td>From _____</td> <td></td> </tr> <tr> <td>Rec By. _____</td> <td></td> <td></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 _____	Certification No. _____	From _____		Rec By. _____								
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Confirmations by Ozaukee County Department of Land and Water Management

Ozaukee County Land & Water Management is located at:
121 West Main Street, Port Washington
Phone number for questions: 262-284-8313

Shoreland/Wetland/Floodplain

This section applies to all building/grading/filling projects to verify if a County permit is required. The County must sign off before submitting to Town Hall.

Will this project fall within the shoreland/wetland district and/or the floodplain district, requiring a shoreland permit?

Yes / No

Ozaukee County Land and Water Management Verification Signature

Official Signature: _____ Date: _____

Razing of Structures

This section only applied in stances where structures are razed.

Are there interior plumbing fixtures as confirmed by Town Plumbing Inspector?

Yes/No

Town Building Inspector Signature: _____ Date: _____

If Yes, an Abandonment Sanitary Permit is required from Ozaukee County Land and Water Management Department

Date Permit was issued from Oz. Co. LWM: _____

Date POWTS was abandoned: _____

Official County Signature: _____ Date: _____