

262-420-4732 SAFEbuilt, Inc.	<h2 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h2> <p style="margin: 0;">WIinspections@safebuilt.com</p> <p style="margin: 0;"><i>Inspections need to be called in by 4 pm for next business day inspections.</i></p>	PERMIT NO. _____ TAXKEY# _____																					
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	PROJECT LOCATION (Building Address) _____ PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																					
Owner's Name _____		Mailing Address - Include City & Zip _____																					
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 Lic No. _____		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 _____																					
PROJECT INFORMATION																							
Subdivision Name _____		Lot No. _____																					
Block No. _____																							
Zoning District _____	Lot Area _____ Sq.Ft.	N.S.E.W. _____																					
Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.																					
Right _____ Ft.	Setbacks _____	Right _____ Ft.																					
1a. PROJECT	3. TYPE	6. STORIES																					
<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"/> Multi <input type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____																					
1b. GARAGE	4. CONST. TYPE	9. HVAC EQUIPMENT																					
Attached <input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<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	5. ELECTRICAL	7. FOUNDATION																					
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: ___New___Rewire _____Phase _____Volts ___Underground ___Overhead Power Company: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
8. USE	10. PLUMBING	11. WATER																					
<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
12. ENERGY SOURCE		13. HEAT LOSS (Calculated)																					
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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"/>	* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.	
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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"/>																	
14. ESTIMATED COST		Total _____ BTU/HR																					
\$ _____																							
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: _____																							
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="width:30%;">RECEIPT</th> <th style="width:20%;">PERMIT EXPIRATION:</th> <th style="width:50%;">PERMIT ISSUED BY MUNICIPAL AGENT:</th> </tr> <tr> <td style="padding: 5px;"> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____ </td> <td style="padding: 5px;"> Permit expires two years from date issued unless municipal ordinance is more restrictive. </td> <td style="padding: 5px;"> Name _____ Date _____ Certification No. _____ </td> </tr> </table>	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____ Date _____ Certification No. _____															
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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: _____