

608-688-0997

SAFEbuilt

# WI UNIFORM PERMIT APPLICATION

madisoninspections@safebuilt.com

Inspections need to be called in by 4 pm for next business day inspections.

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

TAXKEY# \_\_\_\_\_

## ISSUING MUNICIPALITY

TOWN     VILLAGE     CITY  
OF \_\_\_\_\_  
COUNTY: \_\_\_\_\_

**PROJECT LOCATION**  
(Building Address)

**PROJECT DESCRIPTION**

COMMERCIAL                       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 \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

Zoning District \_\_\_\_\_ Lot Area \_\_\_\_\_ Sq. Ft.    N.S.E.W.    Front \_\_\_\_\_ Ft.    Rear \_\_\_\_\_ Ft.    Left \_\_\_\_\_ Ft.    Right \_\_\_\_\_ Ft.

<b>1a. PROJECT</b>		<b>3. TYPE</b>		<b>6. STORIES</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"/> Multi <input type="checkbox"/> Commercial		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____		<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 _____		Fuel		Nat. Gas	LP	Oil	Elec. *	Solid	Solar
<b>1b. GARAGE</b>		<b>4. CONST. TYPE</b>		<b>7. FOUNDATION</b>		<b>10. PLUMBING</b>		Space Htg		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____		Water Htg		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. AREA</b>		<b>5. ELECTRICAL</b>		<b>8. USE</b>		<b>11. WATER</b>		<b>13. HEAT LOSS (Calculated)</b>							
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"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR							
								<b>14. ESTIMATED COST</b>							
								\$ _____							

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. \_\_\_\_\_

Building Fee _____	Bldg. # At top of form _____	<b>RECEIPT</b>	<b>PERMIT EXPIRATION:</b>	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>
Zoning Fee _____	Zoning # _____			
WI Seal _____	Elec. # _____	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____
Electric Fee _____	Plmb. # _____	Amount \$ _____		Date _____
Plumbing Fee _____	HVAC # _____	Date _____		Certification No. _____
HVAC Fee _____		From _____		
Adm. Fee _____		Rec By. _____		
Other _____				
Total _____				