

608-688-0997 SAFEbuilt	WI UNIFORM PERMIT APPLICATION madisoninspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>	PERMIT NO. _____ TAXKEY# _____																					
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	PROJECT LOCATION (Building Address) <hr/> 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 _____		Lot No. _____																					
Block No. _____																							
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____																					
		Front _____ Ft.																					
		Rear _____ Ft.																					
		Left _____ Ft.																					
		Right _____ 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																					
		12. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat. Gas</td> <td style="text-align: center;">L.P.</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec. *</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td style="text-align: center;">Space Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Water Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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"/>
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"/>																	
		13. HEAT LOSS (Calculated) Total _____ BTU/HR																					
		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.																							
<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.																							
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: Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	PERMIT(S) ISSUED Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	SEAL NO. _____ Municipality No. _____ - _____																					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">RECEIPT</td> <td style="width:50%; text-align: center;">PERMIT EXPIRATION:</td> </tr> <tr> <td>CK # _____</td> <td rowspan="4">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> </tr> <tr> <td>Amount \$ _____</td> </tr> <tr> <td>Date _____</td> </tr> <tr> <td>From _____</td> </tr> <tr> <td>Rec By. _____</td> <td></td> </tr> </table>		RECEIPT	PERMIT EXPIRATION:	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Amount \$ _____	Date _____	From _____	Rec By. _____		PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____												
RECEIPT	PERMIT EXPIRATION:																						
CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.																						
Amount \$ _____																							
Date _____																							
From _____																							
Rec By. _____																							