

Call (262) 544-8280 or  
1-800-422-5220  
INDEPENDENT  
INSPECTIONS, LTD.

# WI UNIFORM PERMIT APPLICATION

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

TAX KEY # \_\_\_\_\_

## ISSUING MUNICIPALITY

TOWN     VILLAGE     CITY

**PROJECT LOCATION**  
(Building Address)

OF \_\_\_\_\_

**PROJECT DESCRIPTION**

COUNTY: \_\_\_\_\_

COMMERCIAL                       ONE & TWO FAMILY

Owner's Name \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Construction Contractor (Lic No.) \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ 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

\_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, SECTION \_\_\_\_\_, T \_\_\_\_\_, N, R \_\_\_\_\_ E(or)W

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. ELECTRICAL</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"/> Single Family	Entrance Panel Size: _____ amp		<input type="checkbox"/> Forced Air Furnace	Fuel		Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar
<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Two Family	Service: _____		<input type="checkbox"/> Radiant Baseboard or Panel	Space 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"/> Other _____	<input type="checkbox"/> Multi	<input type="checkbox"/> Commercial	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead		<input type="checkbox"/> Heat Pump	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1b. GARAGE</b>		<b>4. CONST. TYPE</b>		<b>7. FOUNDATION</b>		<b>10. PLUMBING</b>		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equip. Infiltration control option is: <input type="checkbox"/> Full sealing of joints. <input type="checkbox"/> Blower door test. <input type="checkbox"/> Exterior air infiltration barrier.						
<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry		Sewer		<b>13. HEAT LOSS (Calculated)</b>						
<b>2. AREA</b>		<input type="checkbox"/> Manufactured	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal		Total _____ BTU/HR						
Basement _____ Sq. Ft.		<b>5. STORIES</b>		<b>8. USE</b>		<input type="checkbox"/> Septic		<b>14. ESTIMATED COST</b>						
Living Area _____ Sq. Ft.		<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal		<input type="checkbox"/> Permanent		<input type="checkbox"/> Permit No. _____		Total _____ BTU/HR					
Garage _____ Sq. Ft.		<input type="checkbox"/> 2-Story	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<b>11. WATER</b>		Total _____ BTU/HR					
Other _____ Sq. Ft.		_____		_____		<input type="checkbox"/> Municipal Utility		Total _____ BTU/HR						
TOTAL _____		_____		_____		<input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR						
_____		_____		_____		_____		Total _____ BTU/HR						

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT \_\_\_\_\_ 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

Footing     Foundation     Rough     Insulation     Basement Floor     Final

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