

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

# WI UNIFORM PERMIT APPLICATION

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. 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"/> 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		Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<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 _____		<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>		Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>										
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<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 equipment capacity.																						
<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. _____																								
<b>2. AREA</b>		<b>5. STORIES</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 _____		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____		<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>																						
								\$ _____																						

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** Building  Footing  Foundation  Rough  Insulation  Bsmt. Fl.  Final  
 Electric  Rough  Service  Final **Plumbing**  Rough  Underfloor  Final **HVAC**  Rough  Final

<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	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>RECEIPT</th> <th>PERMIT EXPIRATION:</th> <th>PERMIT ISSUED BY MUNICIPAL AGENT:</th> </tr> <tr> <td>           CK # _____            Amount \$ _____            Date _____            From _____            Rec By. _____         </td> <td>           Permit expires two years from date issued unless municipal ordinance is more restrictive.         </td> <td>           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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