

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. Setbacks _____	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. ELECTRICAL Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	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 _____	12. ENERGY SOURCE 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"/> <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"/> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.
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	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	13. HEAT LOSS (Calculated) Total _____ BTU/HR
2. AREA Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	

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

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

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 (DCLic 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. Setbacks	Front Ft.	Rear Ft.	Left Ft.	Right Ft.

1a. PROJECT	3. TYPE	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE						
<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 _____	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.						
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		13. HEAT LOSS (Calculated)					
<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		Total _____ BTU/HR					
2. AREA	5. STORIES	8. USE	11. WATER		14. ESTIMATED COST					
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		\$ _____					

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

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 # _____	RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.
		PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____	