

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.
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<b>1a. PROJECT</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 _____	<b>3. TYPE</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<b>6. ELECTRICAL</b> Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<b>9. HVAC EQUIPMENT</b> <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 _____	<b>12. ENERGY SOURCE</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat. Gas</th> <th>LP.</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	LP.	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"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<b>1b. GARAGE</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	<b>4. CONST. TYPE</b> <input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<b>7. FOUNDATION</b> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	<b>10. PLUMBING</b> Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																					
<b>2. AREA</b> Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	<b>5. STORIES</b> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																						
				<b>13. HEAT LOSS (Calculated)</b> 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 _____	Bldg. # At top of form _____	<b>RECEIPT</b>	<b>PERMIT EXPIRATION:</b>	
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. _____	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>	
Other _____				Name _____
Total _____				Date _____
				Certification No. _____