

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. STORIES</b>  | <b>9. HVAC EQUIPMENT</b>   | <b>12. ENERGY SOURCE</b>  |                          |                          |      |     |         |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze<br><input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Multi<br><input type="checkbox"/> Commercial | <input type="checkbox"/> 1-Story<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Other _____   | <input type="checkbox"/> Forced Air Furnace<br><input type="checkbox"/> Radiant Baseboard or Panel<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Central Air Conditioning<br><input type="checkbox"/> Other _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat. Gas</td> <td>L.P.</td> <td>Oil</td> <td>Elec. *</td> <td>Solid</td> <td>Solar</td> </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"/> |
| 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"/> |      |     |         |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <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<br><input type="checkbox"/> Mfd. UDC<br><input type="checkbox"/> Mfd. HUD                                    | <input type="checkbox"/> Concrete<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Treated Wood<br><input type="checkbox"/> ICF<br><input type="checkbox"/> Other _____ | Sewer<br><input type="checkbox"/> Municipal<br><input type="checkbox"/> Septic No. _____   |   |                          |                          |      |     |         |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>2. AREA</b>  | <b>5. ELECTRICAL</b>   | <b>8. USE</b>  | <b>11. WATER</b>   | <b>13. HEAT LOSS (Calculated)</b>   |                          |                          |      |     |         |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Basement _____ Sq. Ft.<br>Living Area _____ Sq. Ft.<br>Garage _____ Sq. Ft.<br>Other _____ Sq. Ft.<br>TOTAL _____   | Entrance Panel Size: _____ amp<br>Service: ___ New ___ Rewire<br>_____ Phase _____ Volts<br>___ Underground<br>___ Overhead<br>Power Company: _____    | <input type="checkbox"/> Seasonal<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> Municipal Utility<br><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** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_ **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 _____<br>Zoning Fee _____<br>WI Seal _____<br>Electric Fee _____<br>Plumbing Fee _____<br>HVAC Fee _____<br>Adm. Fee _____<br>Other _____<br>Total _____ | Bldg. # At top of form _____<br>Zoning # _____<br>Elec. # _____<br>Plmb. # _____<br>HVAC # _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>RECEIPT</b></td> <td style="width:50%;"><b>PERMIT EXPIRATION:</b></td> </tr> <tr> <td>           CK # _____<br/>           Amount \$ _____<br/>           Date _____<br/>           From _____<br/>           Rec By. _____         </td> <td>           Permit expires two years from date issued unless municipal ordinance is more restrictive.         </td> </tr> </table> | <b>RECEIPT</b>                 | <b>PERMIT EXPIRATION:</b> | CK # _____<br>Amount \$ _____<br>Date _____<br>From _____<br>Rec By. _____ | Permit expires two years from date issued unless municipal ordinance is more restrictive. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>PERMIT ISSUED BY MUNICIPAL AGENT:</b></td> </tr> <tr> <td>Name _____</td> <td>Date _____</td> </tr> <tr> <td colspan="2">Certification No. _____</td> </tr> </table> | <b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> |  | Name _____ | Date _____ | Certification No. _____ |  |
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| <b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>  |  |  |                                |                           |  |   |  |  |  |            |            |                         |  |
| Name _____  | Date _____   |  |                                |                           |  |   |  |  |  |            |            |                         |  |
| Certification No. _____   |  |  |                                |                           |  |   |  |  |  |            |            |                         |  |