

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. \_\_\_\_\_  
Setbacks \_\_\_\_\_ 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	<input type="checkbox"/> Single Family	<input type="checkbox"/> 1-Story	<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	
<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Move	<input type="checkbox"/> Two Family	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 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"/>
<input type="checkbox"/> Other _____			<input type="checkbox"/> Multi	<input type="checkbox"/> Other	<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"/>
			<input type="checkbox"/> Commercial		<input type="checkbox"/>			<input type="checkbox"/>	<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 equipment capacity.							
<input type="checkbox"/> Attached	<input type="checkbox"/> Detached	<input type="checkbox"/> Site Constructed	<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>		<input type="checkbox"/> Mfd. UDC	<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"/> 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>5. ELECTRICAL</b>		<b>11. WATER</b>		<b>14. ESTIMATED COST</b>									
		Entrance Panel Size: 100 amp Service <input type="checkbox"/> New <input type="checkbox"/> Rewire Single _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____				<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** \_\_\_\_\_ **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 _____	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 \$ _____			
Electric Fee _____	Plmb. # _____	Date _____			
Plumbing Fee _____	HVAC # _____	From _____			
HVAC Fee _____		Rec By. _____	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>		
Adm. Fee _____			Name _____		
Other _____			Date _____		
Total _____			Certification No. _____		