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| 920-212-7900 SAFEbuilt [®] | WI UNIFORM PERMIT APPLICATION greenbayinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i> | PERMIT NO. _____ TAXKEY# _____ | | | | | | | | | | | | | | | | | | | | | |
| ISSUING MUNICIPALITY | <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____ | PROJECT LOCATION (Building Address) _____ PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 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 _____ | | | | | | | | | | | | | | | | | | | | | |
| Zoning District _____ | Lot Area _____ Sq. Ft. | N.S.E.W. _____ | | | | | | | | | | | | | | | | | | | | | |
| 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. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ | | | | | | | | | | | | | | | | | | | | | |
| 2. AREA Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____ | 5. ELECTRICAL Entrance Panel Size: _____ amp Service: ___ New ___ Rewire ___ Phase _____ Volts ___ Underground ___ Overhead Power Company: _____ | 8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | | | |
| | | 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 _____ | | | | | | | | | | | | | | | | | | | | | |
| | | 10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____ | | | | | | | | | | | | | | | | | | | | | |
| | | 11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well | | | | | | | | | | | | | | | | | | | | | |
| | | 12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat. Gas</td> <td style="text-align: center;">L.P.</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec. *</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td style="text-align: center;">Space Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Water Htg</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity. | 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"/> |
| 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"/> | | | | | | | | | | | | | | | | | |
| | | 13. HEAT LOSS (Calculated) Total _____ BTU/HR | | | | | | | | | | | | | | | | | | | | | |
| | | 14. ESTIMATED COST \$ _____ | | | | | | | | | | | | | | | | | | | | | |
| I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form. | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICANT (PRINT): _____ SIGN: _____ 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 <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC <input type="checkbox"/> Rough <input type="checkbox"/> 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 # _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">RECEIPT</td> <td style="text-align: center;">PERMIT EXPIRATION:</td> <td style="text-align: center;">PERMIT ISSUED BY MUNICIPAL AGENT:</td> </tr> <tr> <td style="vertical-align: top;"> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____ </td> <td style="vertical-align: top;"> Permit expires two years from date issued unless municipal ordinance is more restrictive. </td> <td style="vertical-align: top;"> 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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