

1-800-422-5220 SAFEbuilt, Inc.	<b>WI UNIFORM PERMIT APPLICATION</b>			PERMIT NO. _____
				TAXKEY# _____
<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	<b>PROJECT LOCATION</b> (Building Address)		
	OF _____ COUNTY: _____	<b>PROJECT DESCRIPTION</b>		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 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 _____
<b>PROJECT INFORMATION</b>		Subdivision Name _____		Lot No. _____
Zoning District _____		Lot Area _____ Sq. Ft.		Block No. _____
		N.S.E.W. Setbacks	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>	
<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	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<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>1b. GARAGE</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>		<b>12. ENERGY SOURCE</b>
<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 _____		Fuel    Nat. Gas    L.P.    Oil    Elec. *    Solid    Solar
<b>2. AREA</b>	<b>5. ELECTRICAL</b>	<b>8. USE</b>		Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	Entrance Panel Size: _____ amp Service: ___ New ___ Rewire  ____ Phase _____ Volts ____ Underground ____ Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>10. PLUMBING</b>		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.
		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____		<b>13. HEAT LOSS (Calculated)</b>
		<b>11. WATER</b>		Total _____ BTU/HR
		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		<b>14. ESTIMATED COST</b>
				\$ _____
<p>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.</p> <p><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.</p>				
<b>APPLICANT (PRINT):</b> _____ <b>SIGN:</b> _____ <b>DATE:</b> _____				
<b>APPROVAL CONDITIONS</b> 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.				
<b>INSPECTIONS NEEDED</b> 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				
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		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 # _____		<b>RECEIPT</b>	<b>PERMIT EXPIRATION:</b>
			CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.
			<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>	
			Name _____ Date _____ Certification No. _____	

**Confirmation by Ozaukee County Department of Land and Water Management**

Will this project fall within the shoreland/wetland district and/or the floodplain district, requiring a shoreland permit? **Yes / No**

**Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ozaukee County Land and Water Management is located at 121 West Main Street, Port Washington.  
Phone number is 262-284-8313.