

BUILDING INSPECTOR**SAFEbuilt**

**Inspection request must be received by 4
pm, for possible next business day inspection**

Next day inspections are not guaranteed

For Inspections call 262-420-4732 or

WIinspections@safebuilt.com

PERMIT NO: _____**PROPERTY TYPE:** _____**OCCUPANCY TYPE:** _____**SQUARE FOOTAGE:** _____**ESTIMATED COST:** _____**TAX KEY NO:** _____

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the ordinances.

JOB ADDRESS: _____**OWNER NAME:** _____**OWNER PHONE:** _____**CONTRACTOR:** _____**LICENSE #:** _____**ADDRESS:** (STREET, CITY AND ZIP CODE) _____**PHONE:** _____**EMAIL:** _____**WORK CONSISTS OF:**

- ☐ New Building
☐ Addition
☐ Accessory Building
☐ Roofing/Siding/Fence
☐ Alteration/Repair
☐ Deck/Pool
☐ Electrical
☐ Plumbing
☐ HVAC
☐ Other

COMMENTS/ADDITIONAL CONTRACTORS /WORK DESCRIPTION:**CK#** _____**FROM** _____**RECEIVED** _____**APPLICANT'S SIGNATURE:** _____**DATE:** _____**FEES:****Building** _____**Electric** _____**Plumbing** _____**HVAC** _____**Zoning** _____**Total** _____**INSPECTOR'S SIGNATURE:** _____**CERTIFICATION NUMBER** _____**DATE:** _____