

608-688-0997  
**SAFEbuilt.**

# WI UNIFORM PERMIT APPLICATION

madisoninspections@safebuilt.com  
Inspections need to be called in by 4 pm for next business day inspections.

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 (DCO 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. 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>				<b>12. ENERGY SOURCE</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 _____				<table border="1"> <tr> <th>Fuel</th> <th>Nat. Gas</th> <th>LP</th> <th>Oil</th> <th>Elec.</th> <th>Solid</th> <th>Solar</th> </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	LP	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"/>	<input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.			
Fuel	Nat. Gas	LP	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>				<b>13. HEAT LOSS (Calculated)</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 _____		<input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____				Total _____ BTU/HR																										
<b>2. AREA</b>		<b>5. ELECTRICAL</b>		<b>8. USE</b>		<b>11. WATER</b>				<b>14. ESTIMATED COST</b>																										
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		Entrance Panel Size: _____ amp Service: _____ New _____ Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well				\$ _____																										

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.

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  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 _____ Zoning Fee _____ W/ Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<b>RECEIPT</b> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	<b>PERMIT EXPIRATION:</b> Permit expires two years from date issued unless municipal ordinance is more restrictive.	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b> Name _____ Date _____ Certification No. _____	

## EXHIBIT C - MUNICIPAL FEE SCHEDULE

### TOWN OF BROOKLYN , WISCONSIN

Residential Building -1 & 2 Family	Fee Description	Fee	Minimum
New Dwelling/Addition	per square foot	\$0.14	\$125.00
Plan Review	per permit	\$100.00	\$100.00
Erosion Control	new home	\$100.00	
Erosion Control	addition	\$75.00	
Remodel /Alteration	per thousand of valuation	\$8.00	\$125.00
Plan Review of remodel/alteration	per permit	\$50.00	
Accessory Structure / Deck	per square foot	\$0.14	\$60.00
Occupancy Permit	per dwelling unit	\$50.00	
Early Start Permit ( footing & foundation)	per dwelling unit	\$50.00	
Residential Plumbing	Fee Description	Fee	Minimum
New Building/Addition/Alterations (Alterations based on sq. ft. of alteration)	base fee + per square foot	\$40.00 base + \$ 0.05	\$50.00
Replacement & Misc. Items	per thousand of plumbing valuation	\$10.00	\$50.00
Residential Electrical	Fee Description	Fee	Minimum
New Building/Addition/Alterations (Alterations based on sq. ft. of alteration)	base fee + per square foot	\$40.00 base + \$ 0.05	\$50.00
Replacement & Misc. Items	per thousand of electrical valuation	\$10.00	\$50.00
Residential HVAC	Fee Description	Fee	Minimum
New Building/Addition/Alterations (Alterations based on sq. ft. of alteration)	base fee + per square foot	\$40.00 base + \$ 0.05	\$50.00
Replacement & Misc. Items	per thousand of HVAC valuation	\$10.00	\$50.00
Residential Miscellaneous	Fee Description	Fee	Minimum
Razing Fee	per square foot	\$0.05	\$75.00
Other		\$50.00	\$50.00
Re-Inspection	per inspection	\$50.00	\$50.00
Failure to request an Inspection	per occurrence	\$50.00	\$50.00
Work started before Permit Issuance	per occurrence	Double normal fees	
Permit Renewal	per occurrence	50% of fee; current fee schedule	
State of Wisconsin Fee	Fee Description	Fee	Minimum
State Seal	Municipality retains 100%	\$50.00	\$50.00
Commercial Electrical Permit	Per thousand of electrical valuation	\$10.00	100.00

Modified 01/10/2022