

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	<h1 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h1>	PERMIT NO. _____  TAXKEY# _____
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<b>ISSUING MUNICIPALITY</b>	<b>VILLAGE OF CHENEQUA</b>	<b>PROJECT LOCATION</b> (Building Address)	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
<b>PROJECT DESCRIPTION</b>			

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

<b>PROJECT INFORMATION</b>			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. ELECTRICAL</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		Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<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 style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Fuel</td> <td style="padding: 2px;">Nat. Gas</td> <td style="padding: 2px;">LP.</td> <td style="padding: 2px;">Oil</td> <td style="padding: 2px;">Elec. *</td> <td style="padding: 2px;">Solid</td> <td style="padding: 2px;">Solar</td> </tr> <tr> <td style="padding: 2px;">Space Htg</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Water Htg</td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><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"/>
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<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"/> 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 _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																								
<b>2. AREA</b>		<b>5. STORIES</b>		<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"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____		<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>14. ESTIMATED COST</b>																						
								\$ _____																						

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** \_\_\_\_\_ **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 _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ 35% Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<b>RECEIPT</b>	<b>PERMIT EXPIRATION:</b>	<b>PERMIT ISSUED BY MUNICIPAL AGENT.</b>
		CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____
		Amount \$ _____		Date _____
		Date _____		Certification No. _____
		From _____		
		Rec By. _____		