

All new services and upgrades shall be done in accordance with the current code.

262-346-4577 SAFEbuilt	WI UNIFORM PERMIT APPLICATION hartfordinspections@safebuilt.com Inspections need to be called in by 4 pm for next business day inspections.	PERMIT NO. _____ TAXKEY# _____
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF <u>THIENSVILLE</u> COUNTY: <u>OZAUKEE</u>	PROJECT LOCATION (Building Address) <u>215 Madero Dr. Thiensville</u>	PROJECT DESCRIPTION <u>Addition/Remodel</u> <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> ONE & TWO FAMILY
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Owner's Name <u>Jesse Daiczy</u>	Mailing Address - Include City & Zip <u>215 Madero Dr. Thiensville WI 53092</u>	Telephone - Include Area Code <u>(414) 241-1013</u>
Construction Contractor (DC Lic No.) <u>111400003 KBC</u>	Mailing Address - Include City & Zip <u>1663 N 549 Hanover Ave Cedarburg WI 53012</u>	Telephone - Include Area Code <u>262-309-2711</u>
Dwelling Contractor Qualifier (DCQ Lic No.) <u>101400001</u>	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor. <u>Knuth Building Co. LLC (Devin Knuth)</u>	Telephone - Include Area Code <u>262-309-2711</u>
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.

1a. PROJECT	3. TYPE	6. STORIES	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input checked="" 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" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat. Gas</td> <td>L.P.</td> <td>Oil</td> <td>Elec. *</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input checked="" 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 checked="" 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> <p>* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.</p>	Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar	Space Htg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
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Water Htg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION	10. PLUMBING	13. HEAT LOSS (Calculated)																					
<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached	<input checked="" type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	Sewer <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	Total _____ BTU//HR																					
2. AREA	5. ELECTRICAL	8. USE	11. WATER	14. ESTIMATED COST																					
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 checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ <u>150,000</u>																					

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): Devin Knuth SIGN: [Signature] DATE: 1-15-2020

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

FEES: Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	PERMIT(S) ISSUED Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	SEAL NO. _____ Municipality No. _____	RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.	PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____
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