

262-346-4577 SAFEbuilt.	WI UNIFORM PERMIT APPLICATION hartfordinspections@safebuilt.com <i>Inspections need to be called in by 4 pm for next business day inspections.</i>	PERMIT NO. TAXKEY#																					
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF <u>THIENSVILLE</u> COUNTY: <u>OZAWA</u>	PROJECT LOCATION (Building Address) <u>105 S. MAIN ST.</u> PROJECT DESCRIPTION <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																					
Owner's Name <u>JESSE DAILY</u> Mailing Address - Include City & Zip <u>215 MADENO DR., T-VILLE, WI 53092</u> Telephone - Include Area Code <u>414-241-7013</u>																							
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 _____																							
PROJECT INFORMATION		Subdivision Name _____ Lot No. _____ Block No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____ Front _____ Ft. Rear _____ Ft. Left _____ Ft. Right _____ Ft.																					
1a. PROJECT	3. TYPE	6. STORIES																					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other <u>ROOF, DOOR & WINDOWS</u>	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Other																					
1b. GARAGE	4. CONST. TYPE	9. HVAC EQUIPMENT																					
<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"/> 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 _____																					
2. AREA	5. ELECTRICAL	7. FOUNDATION																					
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"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
	8. USE	10. PLUMBING																					
	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																					
		11. WATER																					
		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
		12. ENERGY SOURCE																					
		<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 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> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.	Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>										
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
		13. HEAT LOSS (Calculated)																					
		Total _____ BTU//HR																					
		14. ESTIMATED COST																					
		\$ <u>3000</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.																							
<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.																							
APPLICANT (PRINT): <u>JESSE DAILY</u> SIGN:  DATE: <u>5/6/20</u>																							
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 <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																							
FEES:	PERMIT(S) ISSUED	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 # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">RECEIPT</td> <td style="text-align: center;">PERMIT EXPIRATION:</td> <td style="text-align: center;">PERMIT ISSUED BY MUNICIPAL AGENT:</td> </tr> <tr> <td> CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____ </td> <td> Permit expires two years from date issued unless municipal ordinance is more restrictive. </td> <td> Name _____ Date _____ Certification No. _____ </td> </tr> </table>	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____ Date _____ Certification No. _____															
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CERTIFICATE OF APPROPRIATENESS
APPLICATION FORM FOR PROPERTIES IN THE
THIENSVILLE HISTORIC DISTRICT

Applicant: JESSE DAILY

Name of Business: THE CHEEL

Street Address: 105 S. MAIN ST City: THIENSVILLE State: WI Zip: 53092

Home Phone: 414-241-1013 Cell Phone: _____ Business Phone: _____

Email: JESSE@CORE-USA.COM

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

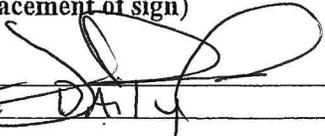
Description of Project: CHANGE ROOF OVER PATIO, DOOR & WINDOWS

Material, color and impact on existing feature: (INCLUDE COLOR SAMPLES) and photos or sketches and include specifications.

SEE ATTACHED

Proposed Sign(s): Wall _____ Monument/Ground _____ Pole _____ Projecting _____ Marquee, Awning or Canopy _____

Sandwich Board _____ Directional Sign _____ (Please attach 9 copies of colored sign for HPC including size dimensions, material, and placement of sign)

Signature of Applicant:  Date: 5/6/20
Print Name: JESSE DAILY



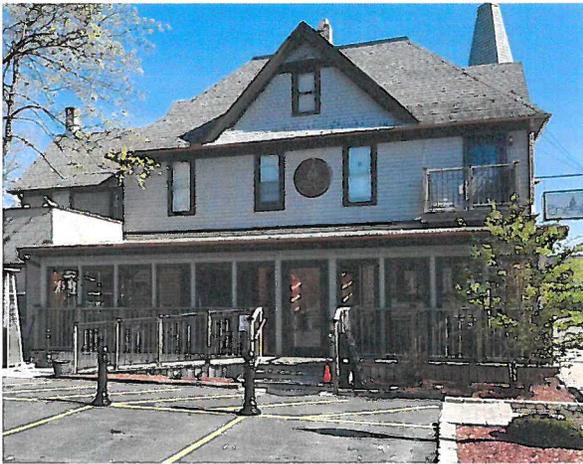
Thiensville Historic Preservation Commission: Project Approved _____ Project Not Approved _____

Commission Signature: _____ Date: _____

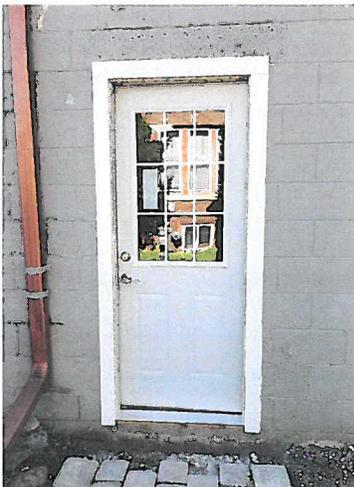
(Comments/Stipulations from HPC): _____

Modifications to the cheel – 105 S. Main St., Thiensville

- 1) Change roofing type for the 3-seasons room. Current roof is leaking and patio gets over 100deg in the summer, also maintenance on south side of building cannot happen as there is no “safe” space for us to walk on – it was a good idea, but we have realized that it’s not practical for us. We’d like to change to the following:
 - a. Installing a $\frac{3}{4}$ sanded plywood facing down to give good look inside, then ice & water shield underlayment
 - b. Installing GAD dimensional asphalt shingles to match existing
 - c. Install 4 21 x 37” velux w/ flashing kits & skylight w/ up to code framing below spaced evenly over the span of the roof
 - d. Work is to be completed by Robert J. Rienzi & Co – local construction company – estimated cost is \$3000



- 2) Install door on the west side of the brick building for us to have access for drive-thru customers and also easier access to/from baaree, etc. – painted to match current door/trim colors on building – estimated cost is \$500



- 3) Remove and replace broken windows on west side of building with glass block, trims will be painted to match current colors on building – estimated cost is \$1000

