

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>OSHAUKEE</u>	PROJECT LOCATION (Building Address) <u>527 N. MAIN ST.</u> <u>THIENSVILLE, WI 53092</u>	PROJECT DESCRIPTION <u>EXTERIOR STONE CLADDING</u> <u>PATIO COVER</u> <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																											
Owner's Name <u>Esthimos Triantafyllou</u> Mailing Address - Include City & Zip <u>1790 West Wisconsin Ave Brookfield WI</u> Telephone - Include Area Code _____		Construction Contractor (DC Lic No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____																												
Dwelling Contractor Qualifier (DCQ Lic No.) <u>Owner</u> 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 <u>64,120</u> 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 type="checkbox"/> Addition <input type="checkbox"/> Raze <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <u>PATIO COVER</u> <input type="checkbox"/> Other <u>REAR DOCK</u>		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input checked="" type="checkbox"/> Commercial		<input checked="" 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" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat. Gas</th> <th>L.P.</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	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"/>																								
1b. GARAGE		4. CONST. TYPE		7. FOUNDATION		10. PLUMBING		* <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 checked="" type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD		<input checked="" 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. _____																								
2. AREA		5. ELECTRICAL		8. USE		11. WATER		13. HEAT LOSS (Calculated)																						
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other <u>PATIO</u> _____ Sq. Ft. TOTAL <u>944 SF</u>		Entrance Panel Size: _____ amp Service: <input type="checkbox"/> New <input type="checkbox"/> Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____		<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR																						
								14. ESTIMATED COST																						
								\$ <u>20,000.00</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>Esthimos Triantafyllou</u> SIGN: <u>[Signature]</u> DATE: <u>5/15/20</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 # _____		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. _____																						