

JAN 18 2021

All new services and upgrades shall be done underground per Ordinance 1985-07

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# _____

ISSUING MUNICIPALITY
 TOWN VILLAGE CITY
 OF Thiensville
 COUNTY: Ozaukee

PROJECT LOCATION
 (Building Address)
 120 Riverview Dr.
 Thiensville, WI. 53092

PROJECT DESCRIPTION
 Family Room Addition
 COMMERCIAL ONE & TWO FAMILY

Owner's Name Philip and Kristina Eckert Mailing Address - Include City & Zip 120 Riverview Dr. Thiensville, WI. 53092 Telephone - Include Area Code 262-388-9054

Construction Contractor (DC Lic No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

Dwelling Contractor Qualifier (DCQ Lic No.) _____ Dwelling Contractor Qualifiers 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 MPA #1284 Lot No. 2 Block No. _____

Zoning District B-4 Lot Area 17,268 Sq. Ft. N.S.E.W. Setbacks Front Per PC Ft. Rear Per PC Ft. Left Per PC Ft. Right Per PC Ft.

1a. PROJECT <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 _____	3. TYPE <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	6. STORIES <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	9. HVAC EQUIPMENT <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 _____	12. ENERGY SOURCE <table border="1"> <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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 <input type="checkbox"/> Attached <input checked="" type="checkbox"/> Detached	4. CONST. TYPE <input checked="" type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	7. FOUNDATION <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	10. PLUMBING Sewer <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	13. HEAT LOSS (Calculated) Total <u>TBD</u> BTU/HR																					
2. AREA Basement _____ Sq. Ft. Living Area <u>569</u> Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	5. ELECTRICAL Entrance Panel Size: <u>XXX</u> amp Service: <input type="checkbox"/> New <input checked="" type="checkbox"/> Rewire <u>XXX</u> Phase <u>XXX</u> Volts <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: <u>WE Energies</u>	8. USE <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other _____	11. WATER <input checked="" type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. ESTIMATED COST \$ <u>56,900</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 statement 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

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. _____
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