

# Town of Cedarburg

1293 Washington Ave

Cedarburg, WI 53012

Phone: 1(800) 422-5220

Fax: (262) 377-0308

Plumbing Inspector: Paul Mortimer

Direct: (414) 640-9523

Office Hours: Tuesday and Thursday 1:00pm – 2:00pm

Inspection Hours: Contact Paul

Notice Required for Inspection: 24 Hours by calling 262-346-4577

Email: hartfordinspections@safebuilt.com

Website: <http://www.town.cedarburg.wi.us/cedarburg-government.cfm?id=27>

*Additional important contacts:*

*Street Work:*

*Water Service:*

Authorization by Ozaukee County Land & Water Management required before submitting to Town Hall: see reverse side.

1-800-422-5220 SAFEbuilt, Inc.		<b>WI UNIFORM PERMIT APPLICATION</b>				PERMIT NO. _____			
						TAXKEY# _____			
<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____		<b>PROJECT LOCATION</b> (Building Address)						
			<b>PROJECT DESCRIPTION</b>		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY				
Owner's Name _____		Mailing Address - Include City & Zip _____			Telephone - Include Area Code _____				
Construction Contractor (DCLic 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. STORIES</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	<input 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 _____		Fuel: Nat. Gas <input type="checkbox"/> L.P. <input type="checkbox"/> Oil <input type="checkbox"/> Elec. <input type="checkbox"/> Solid <input type="checkbox"/> Solar <input type="checkbox"/> 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"/>		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.	
<b>1b. GARAGE</b>		<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>10. PLUMBING</b>		<b>13. HEAT LOSS (Calculated)</b>			
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUB	<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. _____		Total _____ BTU/HR			
<b>2. AREA</b>		<b>5. ELECTRICAL</b>	<b>8. USE</b>	<b>11. WATER</b>		<b>14. ESTIMATED COST</b>			
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		Entrance Panel Size: _____ amp Service: _____ New _____ Rewire _____ Phase _____ Volts <input type="checkbox"/> Underground <input type="checkbox"/> Overhead Power Company: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		\$ _____			
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 161 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): _____		SIGN: _____		DATE: _____					
<b>APPROVAL CONDITIONS</b>		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.							
<b>INSPECTIONS NEEDED</b> Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmf. 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									
<b>FEES</b>		<b>PERMIT(S) ISSUED</b>		<b>RECEIPT</b>		<b>PERMIT EXPIRATION:</b>			
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 # _____		OK # _____ Amount \$ _____ Date _____ From _____ Rec By _____		Permit expires two years from date issued unless municipal ordinance is more restrictive. Name _____ Date _____ Certification No. _____			
				SEAL NO. _____		Municipality No. _____			