

Village of West Milwaukee

4755 West Beloit Road

West Milwaukee, WI 53214

Phone: (414) 645-1530

Fax: (262) 544-8299

Plumbing Inspector: David Zamaites

Office Hours: Tuesday and Thursday 8:00am – 9:00am

Inspection Hours: Tuesday and Thursday 8:00am – 9:00am

Notice Required for Inspection: 24 Hours

Email: hartfordinspections@safebuilt.com

Website: <http://www.westmilwaukee.org/services/inspections/>

Inspection Request Line: (262) 346-4577

Additional important contacts:

Street Work:

James Stenzel – DPW (414) 645-6238

Water Service:

1-800-422-5220 SAFEbuilt, Inc.	<h1 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h1>	PERMIT NO. _____ TAXKEY# _____																					
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF WEST MILWAUKEE COUNTY: MILWAUKEE	PROJECT LOCATION (Building Address) _____ PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																					
Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____																					
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 _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____																					
Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.																					
Right _____ Ft.	Block No. _____	Lot No. _____																					
1a. PROJECT	3. TYPE	6. STORIES																					
<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 _____																					
1b. GARAGE	4. CONST. TYPE	7. FOUNDATION																					
<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"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____																					
2. AREA	5. ELECTRICAL	8. USE																					
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 _____																					
9. HVAC EQUIPMENT	10. PLUMBING	11. WATER																					
<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 _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
12. ENERGY SOURCE	* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Fuel</th> <th style="width:10%;">Nat. Gas</th> <th style="width:10%;">L.P.</th> <th style="width:10%;">Oil</th> <th style="width:10%;">Elec. *</th> <th style="width:10%;">Solid</th> <th style="width:10%;">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"/>	<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"/>	13. HEAT LOSS (Calculated)	
Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar																	
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"/>																	
Total _____ BTU/HR		14. ESTIMATED COST																					
\$ _____																							
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): _____ 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 <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 40 % _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">RECEIPT</th> <th style="width:30%;">PERMIT EXPIRATION:</th> <th style="width:40%;">PERMIT ISSUED BY MUNICIPAL AGENT:</th> </tr> <tr> <td>CK # _____</td> <td rowspan="5">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> <td>Name _____</td> </tr> <tr> <td>Amount \$ _____</td> <td>Date _____</td> </tr> <tr> <td>Date _____</td> <td>Certification No. _____</td> </tr> <tr> <td>From _____</td> <td></td> </tr> <tr> <td>Rec By. _____</td> <td></td> </tr> </table>	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Name _____	Amount \$ _____	Date _____	Date _____	Certification No. _____	From _____		Rec By. _____								
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