VILLAGE OF WEST MILWAUKEE
SAFEbuilt Inspection Services
Inspection request must be received by 4 pm, for possible next business day inspection
Next day inspections are not guaranteed
262-420-4732
WIinspections@safebuilt.com

PERMIT NO: _____

☐ **RESIDENTIAL** ☐ **COMMERCIAL (CHECK ONE)**

SQUARE FOOTAGE: _____

ESTIMATED COST: _____

TAX KEY NO: _____

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the ordinances of the Village of West Milwaukee

JOB ADDRESS: _____

OWNER NAME: _____ OWNER PHONE: _____ OWNER EMAIL: _____

CONTRACTOR: _____ LICENSE #: _____

ADDRESS: (STREET, CITY AND ZIP CODE) _____

PHONE: _____ EMAIL: _____

WORK CONSISTS OF:

- ☐ New Building
- ☐ Addition
- ☐ Accessory Building
- ☐ Roofing/Siding/
- ☐ Fence Alteration/
- ☐ Repair Deck/Pool
- ☐ Electrical
- ☐ Plumbing
- ☐ HVAC
- ☐ Other

WORK DESCRIPTION:

CK#/CASH/CC **TR#**

AMOUNT PAID:

EMPLOYEE: **DATE:**

APPLICANT'S SIGNATURE:

DATE:

FEES:

Building _____

Electric _____

Plumbing _____

HVAC _____

ADMIN FEE (40%): _____

Total _____

MUNICIPALITY AGENT SIGNATURE:

DATE: