

**VILLAGE OF BUTLER
BUILDING INSPECTION
SAFEbuilt Inspections**

**Inspection request must be received by 4 pm,
for possible next business day inspection**
Inspection Requests
Wiinspections@safebuilt.com

PERMIT NO: _____

PROPERTY TYPE: RES OR COMM (CIRCLE)

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 Butler

JOB ADDRESS: _____

OWNER NAME: _____ **OWNER PHONE:** _____

CONTRACTOR: _____ **LICENSE #:** _____

ADDRESS: (STREET, CITY AND ZIP CODE)

PHONE: _____ **EMAIL:** _____

WORK CONSISTS OF:	COMMENTS/ADDITIONAL CONTRACTORS /WORK DESCRIPTION (PLEASE BE AS DETAILED AS POSSIBLE):
<input type="checkbox"/> New Building	_____
<input type="checkbox"/> Addition	_____
<input type="checkbox"/> Accessory Building	_____
<input type="checkbox"/> Roofing/Siding/Fence	_____
<input type="checkbox"/> Alteration/Repair	_____
<input type="checkbox"/> Deck/Pool	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> HVAC	_____
<input type="checkbox"/> Other	_____

CK#	TR#	FEES:	SIGNATURE OF ISSUER:
FROM		Building _____	
RECEIVED	DATE:	Electric _____	
APPLICANT'S SIGNATURE:		Plumbing _____	
DATE:		HVAC _____	DATE:
		ADMIN (40%) _____	
		Total _____	