

Call (262) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.

WI UNIFORM PERMIT APPLICATION

PERMIT NO. _____

TAXKEY# _____

ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY: _____	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 _____		Lot No. _____	Block No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____	Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.	Right _____ Ft.																						
1a. PROJECT		3. TYPE	6. ELECTRICAL	9. HVAC EQUIPMENT		12. ENERGY SOURCE																						
<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	Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<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 _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat. Gas</td> <td>L.P.</td> <td>Oil</td> <td>Elec. *</td> <td>Solid</td> <td>Solar</td> </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"/>
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"/>																						
1b. GARAGE		4. CONST. TYPE	7. FOUNDATION	10. PLUMBING		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																						
<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 _____	Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																								
2. AREA		5. STORIES	8. USE	11. WATER		13. HEAT LOSS (Calculated)																						
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR																						
						14. ESTIMATED COST																						
						\$ _____																						

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ **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. _____	

INDEPENDENT INSPECTIONS LTD
TOWN OF BERRY BUILDING INSPECTOR – DEAN EPPLER
Town Hall Office Hours 10:30-11:30 a.m. - Friday
Town Hall Phone (608) 767-4152
Other Hours Phone (800) 422-5220

NEEDED TO ISSUE BUILDING PERMITS FOR:

NEW HOMES

1. Driveway approval by Town Board—Information: call town office at 767-4152.
2. Sanitary permit from County Health Department
3. Zoning Permit from Dane County – (608) 266-9083
4. 2 sets of building plans
5. 2 surveys of the land (showing elevations and distances to lot lines)
6. 2 copies of Thermal Performance Sheets (heat loss calculations)
7. Applications to be filled out: Building, HVAC, Electrical and Plumbing
8. 2 copies of Erosion Control Plan shown on a survey

ADDITIONS, REMODELS, ACCESSORY BUILDINGS & SWIMMING POOLS

1. Zoning Permit from Dane County
2. Site evaluation from the Dane County Health Department if living area increased by 25% or more.
3. 2 sets of building plans
4. 2 copies of surveys of the land
5. 2 copies of erosion control plan shown on survey
6. Applications to be filled out: Building, etc.

COMMERCIAL BUILDINGS, REMODELS AND ADDITIONS

1. Site Plan approval from the Plan Commission
2. Driveway approval by Town Board (if new construction)
3. Zoning Permit from Dane County
4. 2 sets of State approved building plans and description of the building
5. 2 copies of survey of the property showing all buildings located on it to scale (Include erosion control measures on a copy of the survey)
6. Applications to be filled out: Building, HVAC, Electrical and Plumbing

Town of Berry Ordinance - What needs a permit?

Except as otherwise provided herein, no owner or contractor may commence construction of any building, portion of a building, or mechanical system prior to obtaining a valid permit from the municipal building inspector.

The construction which shall require a building permit includes, but is not limited to:

1. *New buildings including detached structures (decks) and accessory buildings over 32 square feet in floor area.
2. *Additions that increase the physical dimensions of a building including decks.
3. Alterations to the building structure, cost shall include market labor value.
4. Alteration of plumbing, HVAC or electrical systems.
5. An electrical wiring for new construction or remodeling.
6. Any HVAC for new construction or remodeling.
7. Any plumbing for new construction or remodeling.
8. *Agricultural buildings – Administrative permit only – no inspections. (*Agricultural buildings are defined as agricultural barns, agricultural sheds, or agricultural accessory structures located on A-1 exclusive zoned property.*)

*Needs Dane County Zoning Permit

What does not require a building permit?

The following construction activities shall not require a building permit:

1. Re-siding, re-roofing and finishing of interior surfaces, replacement of windows, installation of cabinetry and minor repairs. Notwithstanding this section, however a permit accompanied by structural load-bearing calculations shall be required for re-roofing a building if the proposed re-roofing would constitute a third or more layer of roofing.
2. Normal repairs and replacements of HVAC, plumbing and electrical equipment or systems such as replacing switches, receptacles, light fixtures, dimmers, furnace, air conditioning, garbage disposal, water heater and water softener.
3. Construction of accessory buildings of less than 32 square feet in floor area and not served by any utility (excluding telephone).

What and when are inspections needed?

- A. **Inspections.** In order to permit inspection of a building project at all necessary phases without causing delay for the owner, the owner and/or contractor shall request all of the following inspections in conformity with the appropriate time frame defined in the Wisconsin Administrative Code or at least 48 hours in advance by the applicant/contractor or property owner as applicable.
1. Footings/slab – after formed, but before concrete is poured.
 2. Foundation – after poured/installed with outside drain tile and stone and prior to backfilling.
 3. Rough Carpentry, HVAC, Electrical and Plumbing (test on).
 4. Drintile/Basement Floor - interior drain tile, stone/sand and vapor barrier installed and prior to pouring concrete.
 5. Underfloor Plumbing (test on).
 6. Electric Service – prior to energizing
 7. Insulation – with vapor barrier prior to drywalling.
 8. Final Carpentry, HVAC, Electrical and Plumbing – prior to occupancy.
 9. Erosion Control – throughout construction and until grass has stabilized the yard.
- B. Failure to request any inspection will be the responsibility of the contractor and/or property owner. No construction shall be deemed approved by default or lack of inspection by the Building Inspector.
- C. The expense of uncovering or exposing any work which must be inspected, where such work was required by the failure of the owner/contractor to request any inspection, is the responsibility of the contractor and/or property owner.

2-05 **Scope of Uniform Dwelling Code Expanded.** For the purposes of this Ordinance, the standards contained in the Wisconsin Uniform Dwelling Code shall be expanded to apply as the standards for construction of the following:

1. Additions, alterations and repairs other than minor repairs for one and two family dwellings built prior to June 1, 1980.
2. Detached garages greater than 200 sq. ft. serving one and two family dwellings. Grade-beam slabs are required for private, residential garages with a continuous floating slab of reinforced concrete and shall not be less than four (4) inches in thickness. Reinforcement shall be a minimum of six by six (6 x 6) inch, number ten wire mesh. The slab shall be provided with a thickened edge all around, eight (8) inches wide and eight (8) inches below the top of the slab. (Exempted are "frost free footings" for detached residential accessory buildings) ILHR 22 shall not apply.
3. With respect to other accessory buildings, concrete slabs, frost-free footings, and the like are not required, but if they are installed they shall follow (2) above and or ILHR 21.

FEE SCHEDULE**A. RESIDENTIAL - 1 & 2 Family**

- | | |
|---|--|
| 1. New Structure | - \$0.03 per sq. foot all area for plan review, plus
- \$0.08 per sq. foot all area for inspection fees,
- for a total of \$0.11 per sq. foot
- \$75.00 minimum |
| Erosion Control | - \$75.00 |
| 2. Additions | - \$0.03 per sq. foot all area for plan review, plus
- \$0.08 per sq. foot all area for inspection fees,
- for a total of \$0.11 per sq. foot
- \$75.00 minimum |
| Erosion Control | - \$50.00 |
| 3. Remodel | - \$6.00 per thousand of valuation of structure
- \$40.00 minimum |
| 4. Accessory Structure (Defined as garages, sheds over 32 sq. ft., used in conjunction with the residence use.) | - \$0.11 per sq. foot all areas
- \$40.00 minimum |
| 5. Pole Sheds (Unheated) | - \$0.05 per sq. foot
- \$40.00 minimum |
| 6. Occupancy Permit | - \$30.00 |
| 7. Temporary Occupancy Permit | - \$50.00 |
| 8. Pools | - \$40.00 each |
| 9. Early Start Permit | - \$50.00 (Footings and Foundations) |
| 10. Other | - \$30.00 minimum (Does not meet the requirements of 1-9 above) |

B. COMMERCIAL

1. New Structure ** Addition

- a. Multi-Family (3 family or more), Motels, CBRF, Daycare - \$0.12 per sq. foot
- b. Mercantile, Restaurants, Taverns, Assembly Halls, Churches, Offices - \$0.12 per sq. foot
- c. Schools, Institutional, Hospitals - \$0.13 per sq. foot
- d. Manufacturing and Industrial - \$0.11 per sq. foot (Office area to follow fees in b.)
- e. Vehicle and Small Engine Repair, Parking and Storage, Auto Body - \$0.13 per sq. foot
- f. Warehouse, Mini Warehous, Building Shells* for Multi Tenant Buildings - \$0.07 per sq. foot
- g. Build-Out* - See above New Structure fees a-f
- h. Special Occupancies (Outdoor Pools, Towers, Tents, etc.) - \$0.08 per sq. foot
- i. The above referenced permits (a-h) have a \$75.00 minimum permit

Erosion Control - \$175.00 for the first acre then \$75.00/acre or portion thereof

- 2. Remodel * Reroof * Residing - \$7.00 per thousand of valuation of structure
- \$75.00 minimum

3. Occupancy, Temporary Occupancy, Change of Business Use Permit - \$50.00 per unit

4. Commercial Plan Review – Certified Municipality per COMM 2.31

5. Early Start Permit - \$75.00 (Footings and Foundation per COMM 61.32)

6. Other - \$75.00 minimum (Does not meet the criteria of 1-5 above)

C. AGRICULTURAL BUILDINGS (unheated) (Defined as barns, sheds, silos, etc. used in conjunction with a permitted agricultural use in that district.)

1. New Buildings - \$30.00 – No Inspections

D. MISCELLANEOUS

1. Plumbing - See Attached Exhibit 2
2. Electrical - See Attached Exhibit 3
3. HVAC - See Attached Exhibit 4
4. Special inspections, complaint inspections, pre-existing permit inspections and any other duties shall be at an hourly rate with a minimum of 1 hour.
5. Minimum Permit Fee - \$30.00
Re-inspection Fee - \$30.00 each
Failure to call for inspection - \$30.00 each
Double fees are due if work started before the permit is issued.
6. State Seal - \$30.00

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	UNIFORM PLUMBING PERMIT APPLICATION	PERMIT NO. _____ TAX KEY # _____
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)	
	OF _____	PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
Owner's Name _____		Mailing Address - Include City & Zip _____	
		Telephone - Include Area Code _____	
Contractor's Name (Lic. No.) _____		Mailing Address - Include City & Zip _____	
		Telephone - Include Area Code _____	
Estimated Cost _____	Bonding/Insurance Company _____		Master Plumber's License Number _____

	EACH	COUNT	FEE
1 & 2 FAMILY NEW BUILDING/ADDITION			
Base Fee	\$35.00		
Plus . . . . .	.035/Sq. Ft. For All Areas	_____ Sq. Ft.	
<small>SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below.</small>			
COMMERCIAL - NEW BUILDING /ADDITION			
Base Fee	\$35.00		
Plus . . . . .	.04/Sq. Ft. For All Areas	_____ Sq. Ft.	
<small>Commercial Buildings with less than 16 fixtures ... Base fee Plus line Items Below SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below.</small>			

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - BOTH 1 & 2 FAMILY & COMMERCIAL

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00			24. Sanitary Building Drain			
2. Sink	5.00			First 75 Feet	10.00		
3. Dishwasher	5.00			Over 75 Feet	.35/ft.		
4. Garbage Grinder	5.00			25. Storm Building Drain			
5. Water Closet	5.00			First 75 Feet	10.00		
6. Shower	5.00			Over 75 Feet	.35/ft.		
7. Lavatory	5.00			26. Manhole	10.00		
8. Laundry Tray	5.00			27. Catch Basin	5.00		
9. Urinal	5.00			28. Water Service			
10. Bath Tub	5.00			First 100 Ft. Lateral	25.00		
11. Hot Tub, Spa, Whirlpool	10.00			Over 100 Ft. Lateral	.35/ft.		
12. High Pressure Boiler	25.00			29. Sanitary Building Sewer			
13. Drinking Fountain	5.00			First 100 Ft. Lateral	25.00		
14. Floor Drain	5.00			Over 100 Ft. Lateral	.35/ft.		
15. Sight Drain	5.00			30. Storm Building Sewer			
16. Sillcock	2.00			First 100 Ft. Lateral	25.00		
17. Water Heater	5.00			Over 100 Ft. Lateral	.35/ft.		
18. Wash Fountain	5.00			31. Extension of House Drain			
19. Sump Pump	5.00			Where Fixtures			
20. Ejectors or Pump	5.00			Already installed	25.00		
21. Water Softener	5.00			32. Grease Interceptor	50.00		
22. Storm Sewer Conductor	5.00			33. Other _____	25.00		
23. Backflow Prevention Device	5.00						

Minimum Permit Fee.....\$30.00 Reinspection Fee.....\$30.00 each Failure to call for inspection.....\$30.00 each DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.	INSPECTIONS NEEDED <input type="checkbox"/> Rough <input type="checkbox"/> UF <input type="checkbox"/> Final
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The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____

FEES:	RECEIPT	PERMIT EXPIRATION;	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____ Administration Fee _____ Other _____ Total _____	CK# _____ Date _____ From _____ _____ Rec By. _____	Permit expires two years from date issued unless otherwise noted below:	CONDITIONS OF APPROVAL This permit is issued pursuant to the attached conditions. Name _____ Date _____ Certification No. _____

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	UNIFORM HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION	PERMIT NO. TAX KEY #
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)	
	OF _____	PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone, Include Area Code _____
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Contractor's Name (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
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License Number _____	List Electrical Contractor for all HVAC Replacements _____	Telephone - Include Area Code _____	Estimated Cost _____
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SCHEDULE OF INSPECTION FEES

1 & 2 FAMILY - NEW BUILDING/ADDITION			
Base Fee	EACH	COUNT	FEE
	\$35.00		
Plus	\$.025/Sq. Ft. For All Areas	Sq. Ft.	

COMMERCIAL - NEW BUILDING/ADDITION			
Base Fee	\$35.00		
Plus	\$.035/Sq. Ft. For All Areas	Sq. Ft.	

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - BOTH 1 & 2 FAMILY AND COMMERCIAL			
Gas, Oil or Alternative Fuel Furnace and Boiler - 1st 150,000 BTU	\$30.00		
Each additional 50,000 BTU or fraction thereof	\$10.00		
Air Conditioning - 1st 3 Tons	\$30.00		
Each additional Ton or fraction thereof	\$10.00		
Heating and A/C Distribution Systems (Ductwork) or Alteration	\$2 per 100 sq. ft. of area of conditioned space	Sq. Ft.	
Fireplace and Wood Burning Stove	\$30.00		
Commercial Exhaust Hoods and Exhaust Systems	\$50.00 per unit		
Commercial Permanently Installed Wall Units	\$30.00		
Other			

Minimum Permit Fee.....\$30.00	INSPECTIONS NEEDED <input type="checkbox"/> Rough <input type="checkbox"/> Final
Reinspection Fee.....\$30.00 each	
Failure to call for inspection.....\$30.00 each	
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED	

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial, and buildings housing over two families shall have STATE APPROVED heating plans with this application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application.

FEES:	RECEIPT	PERMIT EXPIRATION;	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	CK# _____	Permit expires two years from date issued unless otherwise noted below:	Name _____
Administration Fee _____	Date _____		Date _____
Other _____	From _____		Certification No. _____
Total _____	Rec By. _____		

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	UNIFORM ELECTRICAL PERMIT APPLICATION	PERMIT NO. TAX KEY #
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY _____	PROJECT LOCATION (Building Address) _____ PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
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Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Contractor's Name (Lic. No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Estimated Cost _____	License Number _____	

SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
1 & 2 FAMILY - NEW BUILDING/ADDITION	Base Fee	\$35.00		
	Plus .....	.035/Sq. Ft. For All Areas	_____ Sq. Ft.	_____
COMMERCIAL - NEW BUILDING/ADDITION	Base Fee	\$35.00		
	Plus .....	.04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT , MODIFICATIONS AND MISC. ITEMS - BOTH 1 & 2 FAMILY & COMMERCIAL			
1. Light, switch, and convenience outlet .....	.50		
2. Power receptacle over 150 volts, first 30 amps	5.00		
over 30 amps	6.00		
3. Lighting fixtures - incandescent .....	.50		
4. Tubular lamp, such as florescent, per tube .....	.50		
5. Arc light, search light, floodlight, mercury light pole base and poles	4.00		
6. Temporary service and temporary wiring installation	25.00		
7. Service switch, each or alteration thereof			
first 200 amperes	25.00		
over 200 amperes - additional per 100 amps or a fraction thereof	12.00/100 amps		
8. Range, oven, clothes dryer, dishwasher, disposal, water heater	6.00		
9. Refrigeration unit up to 5 HP plus 1.00 per HP over 5	5.00 min.		
10. Residential gas burner, oil burner, electrical furnace	6.00		
11. Air conditioner up to 5 ton Plus 1.00 per ton over 5 ton	6.00		
12. Combination heating and air conditioning unit up to 5 ton	10.00		
over 5 ton	25.00		
13. Feeder, subfeeder, and raceway - per 100 ampere capacity, or fraction thereof	6.00/100 amps		
14. Each motor, per HP or fraction thereof	1.00/HP		
15. Dispenser - gasoline, fuel oil, permanent vending machines, and well pump	10.00		
16. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace	1.00/kw		
17. Electric unit heating device (including remote Thermostat)	2.00		
18. Dimmer and rheostats	2.00		
19. Swimming pool (Electrical wiring and grounding)	30.00		
20. Sign - Florescent, neon or Incandescent	25.00		
21. Strip lighting, plug-in strip, trolley duct wire way, gutter .....	.50 ft.		
22. Audible or visual electric signal or communication device	2.00		
23. Fans - Bath - Paddle and miscellaneous under 1 HP	2.00		
24. Hydro Massage & Hot tubs	15.00		
25. Photo cell, clocks, smoke detectors	6.00		
26. Fire alarm	15.00		
27. Exit light.....	6.00		
28. Approved assembly's Not Included above and other's	25.00		
29. Other (Specify)	25.00		

Minimum Permit Fee\$30.00 Reinspect Fee\$30.00 each Failure to call for inspection\$30.00 each DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.	INSPECTIONS NEEDED <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Municipality No. _____
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The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.
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Inspection Fee _____	CK # _____	Permit expires two years from date issued unless otherwise noted below:	Name _____
Administration Fee _____	Date _____		Date _____
Other _____	From _____		Certification No. _____
Total _____	Rec. By _____		