

**TOWN OF EAGLE
BUILDING INSPECTOR
SAFEbuilt**

**Inspection request must be received by 4 pm,
for possible next business day inspection
Next day inspections are not guaranteed
For Inspections call 262-420-4732 or
WInspections@safebuilt.com**

PERMIT NO: _____
PROPERTY TYPE: _____
OCCUPANCY TYPE: _____
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 Town of Eagle

JOB ADDRESS: _____

OWNER NAME: _____ OWNER PHONE: _____

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

COMMENTS/ADDITIONAL CONTRACTORS /WORK DESCRIPTION:

CK# _____
FROM _____
RECEIVED _____

APPLICANT'S SIGNATURE: _____
DATE: _____

FEES:
Building _____
Electric _____
Plumbing _____
HVAC _____
Zoning _____
Total _____

INSPECTOR'S SIGNATURE: _____
CERTIFICATION NUMBER _____
DATE: _____