TOWN OF DELAFIELD
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 WIinspections@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 Delafield

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:

Drop off or mail permit to:
Town of Delafield, W302 N1254 Maple Ave., Delafield, WI 53018

CK# _____

FROM _____

RECEIVED _____

APPLICANT'S SIGNATURE: _____

DATE: _____

FEES:

Building _____

Electric _____

Plumbing _____

HVAC _____

Zoning _____

Total _____

INSPECTOR'S SIGNATURE: _____

CERTIFICATION NUMBER _____

DATE: _____