

**TOWN OF DOVER
BUILDING INSPECTION
SAFEbuilt Inspections**

**Inspection request must be received by 4 pm,
for possible next business day inspection**

Inspection Requests
inspections@safebuilt.com
262-343-7230

PERMIT NO: _____

PROPERTY TYPE: RES OR COMM (CIRCLE)

SQUARE FOOTAGE: _____

ESTIMATED COST: _____

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 Dover

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

COMMENTS/ADDITIONAL CONTRACTORS /WORK DESCRIPTION:

FAILURE TO CALL FOR INSPECTION WILL RESULT IN A \$50.00 PENALTY FEE

DOUBLE FEES WILL BE ASSESSED IF WORK IS STARTED WITHOUT A VALID PERMIT

CHECK# CASH CREDIT CARD

FROM

RECEIVED

DATE:

APPLICANT'S SIGNATURE:

DATE:

FEES:

Building _____

Electric _____

Plumbing _____

HVAC _____

Total _____

SAFEbuilt[✓]