



Building Permit Application New Residential – One and Two Family

Village of Grafton Inspection Department
860 Badger Circle, Grafton, WI 53024
p (262) 375-5305 f (262) 375-5302
Jmicech@village.grafton.wi.us

Job Address: _____
Parcel No.: _____ Lot/Block: _____ Subdivision: _____
Owner Name: _____
Address of the Owner: _____
City, State: _____ Zip: _____ Phone: _____
Email: _____

(For Builder Information: Please fill out the Contractor Information Form on reverse side to supply your contact information, license numbers, etc. if you have not already done so)

Fireplace: Yes No Number of Units: _____ Type of Construction: Frame Brick Veneer
Specify Size & Spacing When Applicable:
Footing: _____ Basement Wall: _____ Floor Joist: _____
Floor Sheathing: _____ Wall Studs: _____ Wall Sheathing: _____
Rafters/Trusses: _____ Roof Sheathing: _____

Estimated Building Cost: \$ _____

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge.

Name of applicant (please print): _____

Applicant's signature: _____ **Date:** _____

****Request for inspections will not be scheduled unless the permit number is supplied at the time of the request****

For Internal Use only:

Architectural Board Approval: _____ Date: _____

Entered By: _____ Permit Number: _____



Contractor Information Form

Village of Grafton Inspection Department
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Jmicech@village.grafton.wi.us

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax No.: _____

Email Address: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Please fill out all information that applies:

A) Dwelling Contractor Certification License: _____ Expires: _____

B) Dwelling Contractor Qualifier License No.: _____ Expires: _____
License Holder Name: _____

C) Wisconsin Lead Safe Contractor License: _____ Expires: _____

D) Wisconsin Lead Safe Renovator License: _____ Expires: _____
License Holder Name: _____

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge.

Name of applicant (please print): _____

Applicant's signature: _____ **Date:** _____



Village of Grafton

One and Two-Family Residential Development Information

Updated February 12, 2020

Property Address: _____

Contact Name During Construction: _____

Contact Email During Construction: _____

Phone Number During Construction: _____

Homeowner Name: _____

Homeowner Email or Phone Number: _____

- Snow and ice must be removed from sidewalks within 24 hours after the end of each snow event.
- Grass should be mowed regularly and may be no taller than 12 inches.
- All contractors must comply with Village parking regulations.
- Requests for building inspections must include all permit numbers.
- Rough inspections (i.e., framing, electrical, and HVAC) and final inspections (i.e., building, electrical, HVAC, and plumbing) for new single family homes must be batched. Please call only when all areas are ready for inspection – (262) 375-5305.
- Call Inspection Office for water meter installation. No water usage is allowed prior to water meter installation.
- Sidewalk/ROW bonds are refundable by the Department of Public Works – (262) 375-5325.
- Erosion control shall be installed and maintained until final ground cover is established.

Residential Inspection Reference Table

Inspection Type	Status	Time Period Allowed
<i>Footing</i>	Timed Inspection	Specific time/24 hours max.*
<i>Foundation Reinforcement</i>	Timed Inspection	Specific time/24 hours max.*
<i>Foundation</i>	Standard Inspection	48 hours max.
<i>Underfloor Plumbing</i>	Timed Inspection	Specific time/24 hours max.*
<i>Basement Floor</i>	Standard Inspection	48 hours max.
<i>Rough Plumbing</i>	Timed Inspection	Specific time/24 hours max.*
<i>Electrical Service</i>	Standard Inspection	48 hours max.
<i>Rough Framing, Electric, and Heating</i>	Standard Inspection	48 hours max. & Batch Insp.
<i>Sewer and Water Laterals</i>	Timed Inspection	Specific time
<i>Insulation</i>	Standard Inspection	48 hours max.
<i>AAV/Studer Vent Test</i>	Timed Inspection	Specific time
<i>Final Inspections</i>	Standard Inspection	5 days max.

(*) Specific timed inspection unless contractor states inspection can be completed at any time.

I have read and agree to follow all procedures/policies outlined in this document.

Name (Print)

Company (Print)

Signature

Date