

WI Div. of Safety and Buildings Wisconsin Stats. 101.63, 101.73 Permit fees are not refundable. Building Plans must be provided	TREMPEALEAU COUNTY LAND USE AND UNIFORM BUILDING PERMIT APPLICATION Trempealeau Co. Dept. of Land Management P.O. Box 67, Whitehall, WI 54773 (715)538-2311 Ext. 223	Permit No. _____ State Upload Code _____ Tax Parcel No. _____																					
PERMIT REQUESTED <input type="checkbox"/> LAND USE <input type="checkbox"/> BUILDING CONSTRUCTION																							
Owner's Name _____	Mailing Address _____	E-Mail address _____ Tel. _____																					
Dwelling Contractor's (Constr.) Name _____	Lic/Cert# _____ Exp. Date _____	Mailing Address _____ Tel. _____																					
Dwelling Contr. Qualifier: _____	Lic/Cert# _____ Exp. Date _____	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr. Tel. _____																					
HVAC Contractor's Name: _____	Lic/Cert# _____ Exp. Date _____	Mailing Address _____ Tel. _____																					
Electrical Contractor's Name: _____	Lic/Cert# _____ Exp. Date _____	Mailing Address _____ Tel. _____																					
Plumbing Contractor's Name: _____	Lic/Cert# _____ Exp. Date _____	Mailing Address _____ Tel. _____																					
PROJECT LOCATION	Lot area Sq. ft. _____ <input type="checkbox"/> One or acre or more of soil will be disturbed	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W																					
Building Address _____	Subdivision Name _____	Lot No. _____ Block No. _____																					
Job Description	Zoning District _____	Setbacks: Roadside _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.																					
1. PROJECT	3. OCCUPANCY	6. ELECTRICAL																					
<input type="checkbox"/> New <input type="checkbox"/> Move <input type="checkbox"/> Addition <input type="checkbox"/> Conversion of existing building to a dwelling <input type="checkbox"/> Remodel <input type="checkbox"/> Other: _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead																					
2. AREA INVOLVED Bsmt _____ Sq Ft Living _____ Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft. Other _____ Sq Ft Totals _____ Sq Ft	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd per WI UDC <input type="checkbox"/> U.S. HUD (w/o basement) <input type="checkbox"/> U.S. HUD (plus basement)	7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber /Pole <input type="checkbox"/> Other																					
	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent 8a FOUNDATION <input type="checkbox"/> Concrete Slab <input type="checkbox"/> Masonry Walls <input type="checkbox"/> Concrete Piers <input type="checkbox"/> Poured Walls <input type="checkbox"/> Frost Walls <input type="checkbox"/> Insulated Concrete Forms <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other	9. HVAC EQUIPMENT (Primary System only) <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Based/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____																				
		10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No																					
		11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																					
		12. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">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	LP	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"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
		13. HEAT LOSS Prescriptive Method Used <input type="checkbox"/> _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from :Total Building Heating Load" on Rescheck report)																					
		14. EST. BUILDING COST \$ _____																					
Is your property enrolled in the Wisconsin Farmland Preservation Program? _____ Yes _____ No																							
Is your property enrolled in the Wisconsin Managed Forest or Forest Crop Program? _____ Yes _____ No																							
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the building inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on page 2 of this application.																							
APPLICANT (Print) _____		SIGNATURE _____ DATE: _____																					
MUNICIPALITY ACKNOWLEDGEMENT* _____		DATE: _____																					
* Required for all permits – must be signed by town or city official prior to presentation and payment at the County office. Note: (For Towns-If driveway has been approved – please initial in the box) <input type="checkbox"/>																							
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> If box is checked, see any additional conditions of approval on Page 3*																							
ISSUING JURISDICTION –Trempealeau County Zoning Approval _____ Date: _____	State – Contracted Inspection Agency # _____ WI Permit Seal Number _____	Municipality Number of Dwelling Location _____ 6_1_ - _____																					
Building approval _____ Date: _____	Total Fees Paid: _____ Receipt Number: _____																						

STRUCTURAL SETBACK REQUIREMENTS FROM ROADWAYS, STREAMS, LOTLINES

HIGHWAYS

State Highway

County Highway

Township Road

STREAMS

REAR YARD LOT LINE:

SIDE YARD LOT LINE:

MINIMUM SETBACK REQUIRED, WHICHEVER IS GREATER

110' from Centerline or 50' from Right of Way

75' from Centerline or 42' from Right of Way

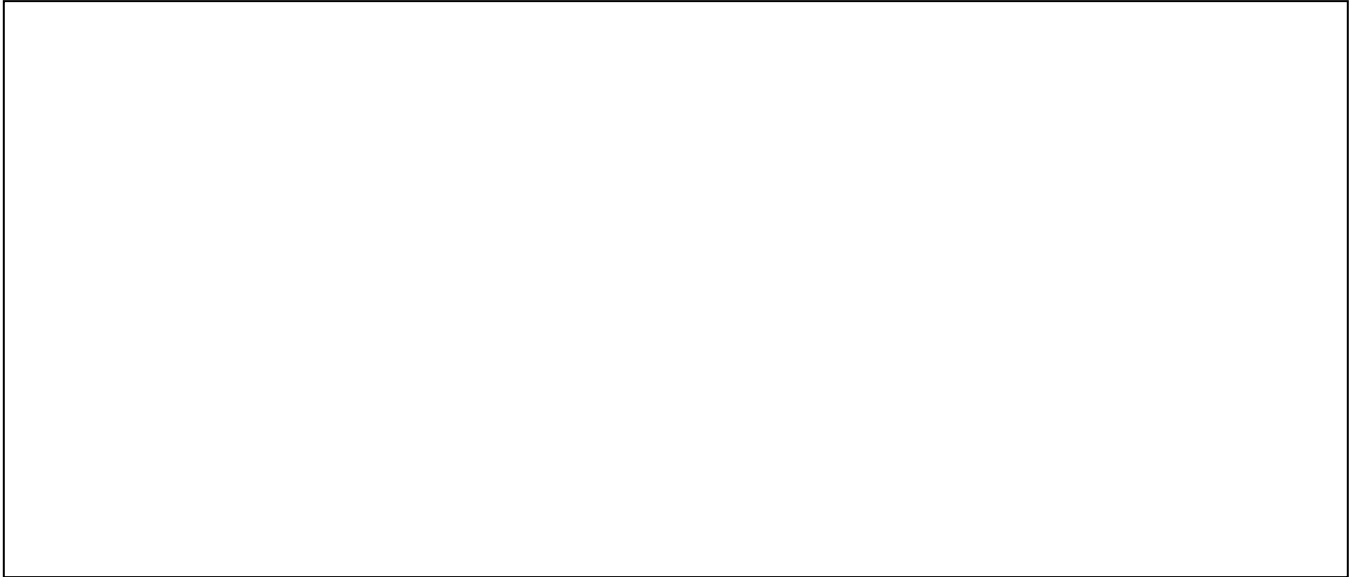
63' from Centerline or 30' from Right of Way

75' from Ordinary High Water Mark

Minimum 10 Feet

Minimum 10 Feet

SHOW A SKETCH OF THE FOLLOWING INFORMATION: Indicate North, dimensions of Lot; location of buildings from lot lines; centerline of abutting highway and high water mark of any abutting water course; well location; and location of septic system.



Cautionary Statement to Owners obtaining Building Permits

101.65 (1r) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two-family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

Cautionary Statement to Contractors for Projects Involving Building Built Before 1978.

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq.ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to <http://dhs.wisconsin.gov/lead/WisconsinRRPRule.htm> for details of how to be in compliance.

Wetlands Notice to Permit Applicants

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

Note: If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

APPLICANT (Print) _____ **SIGN:** _____ **DATE:** _____

*Additional conditions of approval _____

