

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		9. HVAC EQUIPMENT	
<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		(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: _____	
				7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber /Pole <input type="checkbox"/> Other		12. ENERGY SOURCE	
						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"/> <input type="checkbox"/> Water Htg _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. AREA INVOLVED		4. CONST. TYPE		10. SEWER		13. HEAT LOSS	
Bsmt _____ Sq Ft Living _____ Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft Other _____ Sq Ft Totals _____ Sq Ft		<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)		11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No		Prescriptive Method Used <input type="checkbox"/> _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)	
		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		14. EST. BUILDING COST \$ _____	
				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			
Is your property enrolled in the Wisconsin Farmland Preservation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is your property enrolled in the Wisconsin Managed Forest or Forest Crop Program? <input type="checkbox"/> Yes <input type="checkbox"/> 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 # _____		Municipality Number of Dwelling Location _____ 6 1 - _____	
Building approval _____ Date: _____				WI Permit Seal Number _____		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

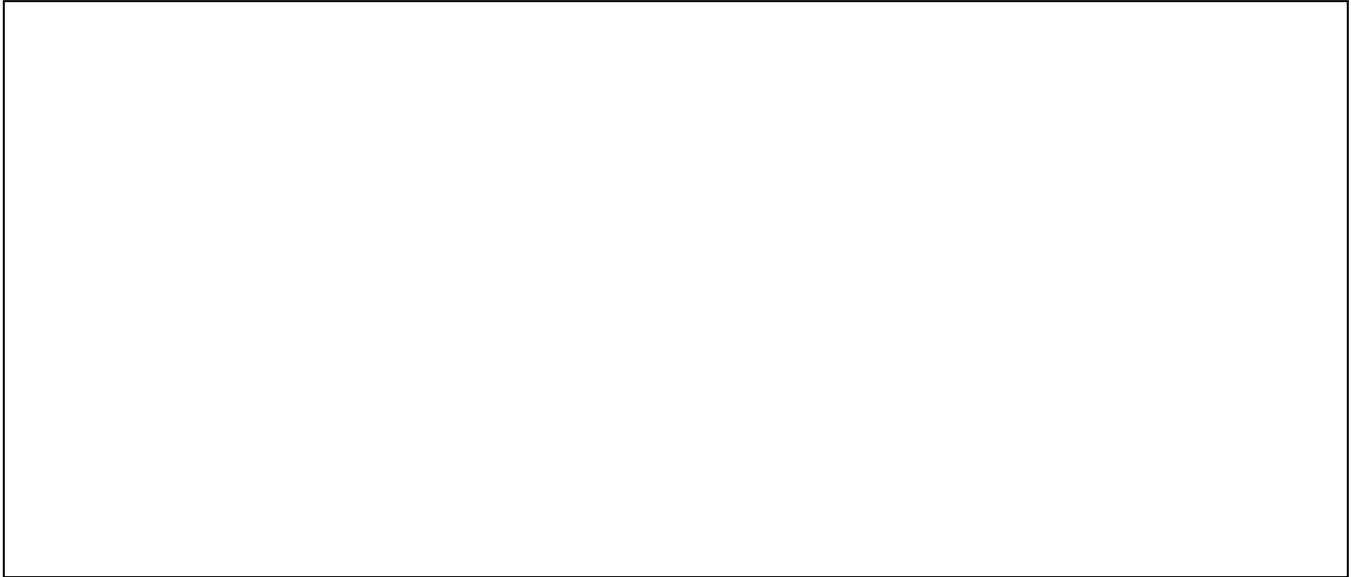
63' from Centerline or 30' from Right of Way

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 _____

