

Uniform Dwelling Code Permit Checklist

OWNER OR BUILDER CHECKLIST	STAFF CHECKLIST	ITEMS NEEDED FOR PLAN SUBMITTAL
		SIGNED CAUTIONARY STATEMENT IF YOU (HOMEOWNER) IS TAKING OUT PERMIT <i>WI State Statues 101.65(lr)</i>
		SUBMIT A COPY OF UDC CONTRACTOR & UDC QUALIFIER LICENSES
		EROSION CONTROL PLAN - SPS 321.125 <i>Erosion control measures shall be in place 24 hrs after beginning of excavating- otherwise no inspections will be performed.</i>
		2 SETS OF HOUSE PLANS, ONE FULL SIZE SET (ONE MIN. SIZE 11" X 17" MUST HAVE ALL DIMENSIONS & BE LEGIBLE) INCLUDE DETAIL WALL BRACING
		ENERGY CALCULATIONS- SPS 322
		BUILDING APPLICATION COMPLETED
		CONSTRUCTION DEPOSIT AGREEMENT IF REQUIRED BY YOUR MUNICIPALITY
		SCALED SITE PLAN SHOW SETBACKS & IMPROVEMENTS (2 SETS)
		A COPY OF THE LAND USE OR ZONING PERMIT (ISSUED BY THE COUNTY)
		A COPY OF THE SANITARY PERMIT (LOCAL OR COUNTY)
		SIGNED CONDITIONS OF APPROVAL
		WALL CROSS SECTION (WALLS, FOUNDATION, PIERS, ROOF, ETC.)
		EXCAVATION AND/OR DRIVEWAY PERMIT
		UTILITY PERMIT (S)
		CITIES & VILLAGES - REQUIRE BACK WATER PROTECTION SPS 382.30 (11)(2)
		MANUFACTURED DWELLING UDC - SUBMIT A COPY OF DATA PLATE
		MANUFACTURED DWELING HUD - SERIAL NUMBER REGISTRATION
		FOR ALL COMPONENTS DESIGNED THROUGH STRUCTURAL ANALYSIS; (FLOATING SLABS, UNIQUE CONSTRUCTION METHODS, ETC.) FORMULAS, CALCULATIONS & DATA WITH PREPARERS NAME, ADDRESS & PHONE # AS WELL AS ALL INSTALLATION INFORMATION ON HEATING APPLIANCES, ETC. ARE TO BE PROVIDED OR RETAINED ON SITE FOR REVIEW
		TRUSS PLANS & LAYOUT (HAVE ON SITE FOR FRAMING INSPECTION)

Contractors List:

Owner: _____

Phone: _____

Contractors _____
 HVAC _____
 Electrician _____
 Plumber _____
 Excavator _____
 Frammer _____

Phone _____
 Phone _____
 Phone _____
 Phone _____
 Phone _____

Dwelling Contractor # _____ Qualifier # _____
 Lic/Cert# _____
 Lic/Cert# _____
 Lic/Cert# _____

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	<h2 style="margin: 0;">Wisconsin Uniform Building Permit Application</h2> <p style="font-size: small; margin: 0;">Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</p>	Application No. Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name	Mailing Address	Tel.
Contractor Name & Type	Lic/Cert#	Mailing Address
Dwelling Contractor (Constr.)		Tel. & Fax
Dwelling Contr. Qualifier	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	
HVAC		
Electrical		
Plumbing		

PROJECT LOCATION Lot area Sq.ft. One acre or more of soil will be disturbed Town Village City of _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W

Building Address _____ County _____ Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.		12. ENERGY SOURCE							
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <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 7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:		Fuel Nat Gas LP Oil Elec Solid Solar Geo 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"/>							
2. AREA INVOLVED (sq ft)				4. CONST. TYPE		10. SEWER		13. HEAT LOSS							
	Unit 1	Unit 2	Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)							
Unfin. Bsmt				5. STORIES		8. USE		14. EST. BUILDING COST w/o LAND							
Living Area				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		11. WATER		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well					
Garage				<input type="checkbox"/> Plus Basement						\$ _____					
Deck/Porch															
Totals															

I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply 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 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.

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 the reverse side of the last ply of this form.

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

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. See attached for conditions of approval.

ISSUING JURISDICTION Town of Village of City of County of State → State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location _____

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction		Name _____
Inspection \$ _____	<input type="checkbox"/> HVAC		Date _____ Tel. _____
Wis. Permit Seal \$ _____	<input type="checkbox"/> Electrical		Cert No. _____
Other \$ _____	<input type="checkbox"/> Plumbing		
Total \$ _____	<input type="checkbox"/> Erosion Control		

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, than the requirements of Ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to the Wisconsin Department of Health Services' lead homepage 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 and More Acre of Soil

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

_____ Date: _____
Owner's Signature:

_____ Date: _____
Building Inspector

Contractor Credential Requirements

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Safety and Buildings. Contractors are also required to only subcontract with contractors that hold the appropriate contractor credentials.

Village of Pulaski

585 E. Glenbrook Dr., Pulaski, WI 54162
Phone: (920) 822-5182 Fax: (920) 822-5632
info@villageofpulaski.com

Permit No.: _____

Permit Fee: _____

Check No.: _____

Date: _____

WATER UTILITY APPLICATION

Applicant Name: _____ Owner Name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____

Project Description: _____

Site Address: _____

Key No.: _____ Plat Name: _____ Block No.: _____ Lot No.: _____

Type: (Check One)

Residential: [] Single Family [] Duplex [] Multi-family [] # Dwelling Units

Nonresidential: [] Commercial [] Industrial [] Other _____

Building Permit (check all that apply):

[] New Construction [] Internal Remodeling [] Demolition [] Grass [] Gravel [] Asphalt

[] Parking Lot Only [] Addition [] Type of Restoration [] Other

[] External Remodeling

Utility Service (check all that apply):

New Required

[] Water Existing [] Yes [] No Served by: _____ [] Yes [] No [] Unknown

[] Well Existing [] Yes [] No

[] Sanitary Existing [] Yes [] No Served by: _____ [] Yes [] No [] Unknown

Complete the following for ALL NONRESIDENTIAL projects.

Number of units in the building: _____

Related Site Addresses:

PLEASE SUBMIT SITE DRAWING WITH APPLICATION

Preparer's Signature: _____

Print Name _____

Engineer's Signature _____ Date: _____

Building Inspector's Signature: _____ Date: _____

TERMS AND CONDITIONS

The applicant herein shall comply with Section 16.05 of the Village of Pulaski Municipal Code of Ordinances and also assumes all responsibility for any claim of damage against the Village of Pulaski caused by such excavation.

AS THE APPLICANT, I UNDERSTAND THAT NO EXCAVATION CAN BEGIN UNTIL VILLAGE PERSONNEL HAVE BEEN NOTIFIED AND ARE ONSITE. The applicant will be held liable for all damages that occur for failing to notify and wait until Village personnel are onsite. THIS PERMIT IS SUBJECT TO REVOCATION FOR FAILURE TO FOLLOW PROPER PROCEDURE.

Original: Building Inspector

CC: Public Works Department
Water Department

Village of Pulaski

585 E. Glenbrook Dr., Pulaski, WI 54162
Phone: (920) 822-5182 Fax: (920) 822-5632
info@villageofpulaski.com

Permit No.: _____

Permit Fee: _____

SANITARY SEWER UTILITY APPLICATION

Check No.: _____

Date: _____

Applicant Name: _____ Owner Name: _____

Address: _____ Address: _____

Phone No.: _____ Phone No.: _____

Project Description: _____

Site Address: _____

Key No.: _____ Plat Name: _____ Block No.: _____ Lot No.: _____

Type: (Check One)

- Residential: [] Single Family [] Duplex [] Multi-family [] # Dwelling Units
Nonresidential: [] Commercial [] Industrial [] Other _____

Building Permit (check all that apply):

- [] New Construction [] Internal Remodeling [] Demolition [] Grass [] Gravel [] Asphalt
[] Parking Lot Only [] Addition [] Type of Restoration [] Other
[] External Remodeling

Utility Service (check all that apply):

- [] Water Existing [] Yes [] No Served by: _____ [] Yes [] No [] Unknown
[] Well Existing [] Yes [] No
[] Sanitary Existing [] Yes [] No Served by: _____ [] Yes [] No [] Unknown

New Required

Complete the following for ALL NONRESIDENTIAL projects.

Number of units in the building: _____

Related Site Addresses:

PLEASE SUBMIT SITE DRAWING WITH APPLICATION

Preparer's Signature: _____

Print Name _____

Engineer's Signature _____ Date: _____

Building Inspector's Signature: _____ Date: _____

TERMS AND CONDITIONS

Original: Building Inspector

CC: Public Works Department
Water Department

The applicant herein shall comply with Section 16.05 of the Village of Pulaski Municipal Code of Ordinances and also assumes all responsibility for any claim of damage against the Village of Pulaski caused by such excavation. AS THE APPLICANT, I UNDERSTAND THAT NO EXCAVATION CAN BEGIN UNTIL VILLAGE PERSONNEL HAVE BEEN NOTIFIED AND ARE ONSITE. The applicant will be held liable for all damages that occur for failing to notify and wait until Village personnel are onsite. THIS PERMIT IS SUBJECT TO REVOCATION FOR FAILURE TO FOLLOW PROPER PROCEDURE.

Village of Pulaski

585 E. Glenbrook Dr., Pulaski, WI 54162
 Phone: (920) 822-5182 Fax: (920) 822-5632
 info@villageofpulaski.com

Permit No.: _____

Permit Fee: _____

STORM WATER UTILITY SERVICE APPLICATION

Check No.: _____

Date: _____

A. Applicant

1. Applicant Name: _____ 2. Owner Name: _____
 Address: _____ Address: _____
 Phone No.: _____ Phone No.: _____

3. Project Description: _____

4. Site Address: _____

5. Key No.: _____ 6. Plat Name: _____ 7. Block No.: _____ 8. Lot No.: _____

9. **Type:** (Check One)

Residential: Single Family Duplex Multi-family # Dwelling Units
 Nonresidential: Commercial Industrial Other _____

10. **Building Permit (check all that apply):**

New Construction Internal Remodeling Demolition Grass Gravel Asphalt
 Parking Lot Only Addition Type of Restoration Other
 External Remodeling

11. **Utility Service (check all that apply):**

Water Existing Yes No Served by: _____ Yes No Unknown
 Well Existing Yes No
 Sanitary Existing Yes No Served by: _____ Yes No Unknown

New Required

Complete the following for ALL NONRESIDENTIAL projects.

12. Number of units in the building: _____ (Preparer must sign application)
 Related Site Addresses: _____

13. Square Footage	Existing +	Change (+/-)	=New Total
Total Parcel Area	_____ sq. ft.	_____ sq. ft.	_____ sq. ft.
Foot Print	_____ sq. ft.	_____ sq. ft.	_____ sq. ft.
Paved/Gravel	_____ sq. ft.	_____ sq. ft.	_____ sq. ft.
Total Landscape Area	_____ sq. ft.	_____ sq. ft.	_____ sq. ft.
$\frac{A+B}{\text{Total Impervious Area} = \text{_____ Sq. Ft.}} = \frac{\text{_____ Sq. Ft.}}{\text{_____ Sq. Ft.}} = \frac{\text{_____}}{\text{_____}} \text{ERU (Equivalent Runoff Unit calculate to the .01)}$			

Preparer's Signature: _____

Print Name _____

B. **Engineer's Signature** _____ Date: _____

C. **Building Inspection**

14. Building Permit No. _____ Issued By: _____

TERMS AND CONDITIONS

Original: Building Inspector

CC: Public Works Department
 Water Department

The applicant herein shall comply with Section 16.05 of the Village of Pulaski Municipal Code of Ordinances and also assumes all responsibility for any claim of damage against the Village of Pulaski caused by such excavation. **AS THE APPLICANT, I UNDERSTAND THAT NO EXCAVATION CAN BEGIN UNTIL VILLAGE PERSONNEL HAVE BEEN NOTIFIED AND ARE ONSITE.** The applicant will be held liable for all damages that occur for failing to notify and wait until Village personnel are onsite. **THIS PERMIT IS SUBJECT TO REVOCATION FOR FAILURE TO FOLLOW PROPER PROCEDURE.**

Village of Pulaski
585 E. Glenbrook Dr. PO Box 320
Pulaski, WI 54162-0320
Telephone: (920) 822-5182 Fax: (920) 822-5632

TEMPORARY RIGHT-OF-WAY OBSTRUCTION PERMIT

APPLICANT INFORMATION

OBSTRUCTION PERMIT # _____

Company: _____ Phone Number: (____) _____

Contact: _____ On-site Phone No.: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

RIGHT-OF-WAY OBSTRUCTION INFORMATION

Obstructed Street: _____ Street Address Number: _____

From Street: _____ To Street: _____

If excavating street, you MUST also obtain an Excavation Permit – only 1 permit fee will be collected if both are needed

For partial street closure, which side of the street will be obstructed?

North South East West

Portion of street to obstruct (Check all that apply):

Travel Lane(s) Parking Lanes Terrace Sidewalk Alley

Purpose of Obstruction: (Check all that apply):

Cable Gas Sewer Other
 Water Electric Telephone / Communication
 Dumpster / Storage Material delivery Material / Equipment Storage

Size of Utility Work AND Corresponding Fee:

Small Utility Project (less than 1,000' of roadway)	<input type="checkbox"/> \$50.00	Annual Permit Fee	<input type="checkbox"/> \$300.00
Medium Utility Project (1,000' – 3,000' of roadway)	<input type="checkbox"/> \$100.00	(please complete new application for each project)	
Large Utility Project (3,000' or more of roadway)	<input type="checkbox"/> \$150.00		

Start Date: _____ End Date: _____ Start: _____ AM/PM End: _____ AM/PM

SPECIAL PROVISIONS / RESTRICTIONS

Date Issued: _____ Expires: _____ Extended: _____

TERMS AND CONDITIONS

The applicant herein shall comply with Section 16.05 of the Village of Pulaski Municipal Code of Ordinances and also assumes all responsibility for any claim of damage against the Village of Pulaski caused by such obstruction. The applicant hereby agrees to provide traffic control devices according to the latest Manual on Uniform Traffic Control Devices and its State of Wisconsin Supplement and is liable for all damages for failing to install and maintain suitable and correct traffic control devices.

AS THE APPLICANT, I UNDERSTAND THAT NO OBSTRUCTION CAN BEGIN UNTIL VILLAGE PERSONNEL HAVE BEEN NOTIFIED AND ARE ONSITE. The applicant will be held liable for all damages that occur for failing to notify and wait until Village personnel are onsite. **THIS PERMIT IS SUBJECT TO REVOCATION IF UNFAVORABLE TRAFFIC CONDITIONS DEVELOP DURING THE PERIOD THAT OBSTRUCTION IS PERMITTED OR IF INCORRECT/IMPROPER TRAFFIC CONTROL DEVICES ARE USED.**

Applicant (Signature & Date)

Director of Public Works (Signature & Date)

Village of Pulaski
585 E. Glenbrook Dr. PO Box 320
Pulaski, WI 54162-0320
Telephone: (920) 822-5182 Fax: (920) 822-5632

EXCAVATION PERMIT
(In Public Right-Of-Way / Near Utility Lines)

APPLICANT INFORMATION

EXCAVATION PERMIT # _____

Company: _____ Phone Number: (____) _____
Contact: _____ On-site Phone No.: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____

EXCAVATION INFORMATION

Where Excavation is Occurring: _____ Street Address: _____

(If obstructing street, you MUST also obtain a Right-Of-Way Obstruction Permit – only 1 permit fee will be collected)

For partial street closure, which side of the street will need excavation?

North South East West

Portion of street to excavate (Check all that apply):

Travel Lane(s) Parking Lanes Terrace Sidewalk Alley

Purpose of Excavation: (Check all that apply):

Cable Gas Sewer Other
 Water Electric Telephone / Communication
 Dumpster / Storage Material delivery Material / Equipment Storage

Size of Utility Work AND Corresponding Fee:

Small Utility Project (less than 1,000' of roadway) \$50.00 Annual Permit Fee \$300.00
Medium Utility Project (1,000' – 3,000' of roadway) \$100.00 (please complete new application for each project)
Large Utility Project (3,000' or more of roadway) \$150.00

Start Date: _____ End Date: _____ Start: _____ AM/PM End: _____ AM/PM

SPECIAL PROVISIONS / RESTRICTIONS

Date Issued: _____ Permit Expires: _____ Extended: _____

TERMS AND CONDITIONS

The applicant herein shall comply with Section 16.05 of the Village of Pulaski Municipal Code of Ordinances and also assumes all responsibility for any claim of damage against the Village of Pulaski caused by such excavation.

AS THE APPLICANT, I UNDERSTAND THAT NO EXCAVATION CAN BEGIN UNTIL VILLAGE PERSONNEL HAVE BEEN NOTIFIED AND ARE ONSITE. The applicant will be held liable for all damages that occur for failing to notify and wait until Village personnel are onsite. **THIS PERMIT IS SUBJECT TO REVOCATION FOR FAILURE TO FOLLOW PROPER PROCEDURE.**

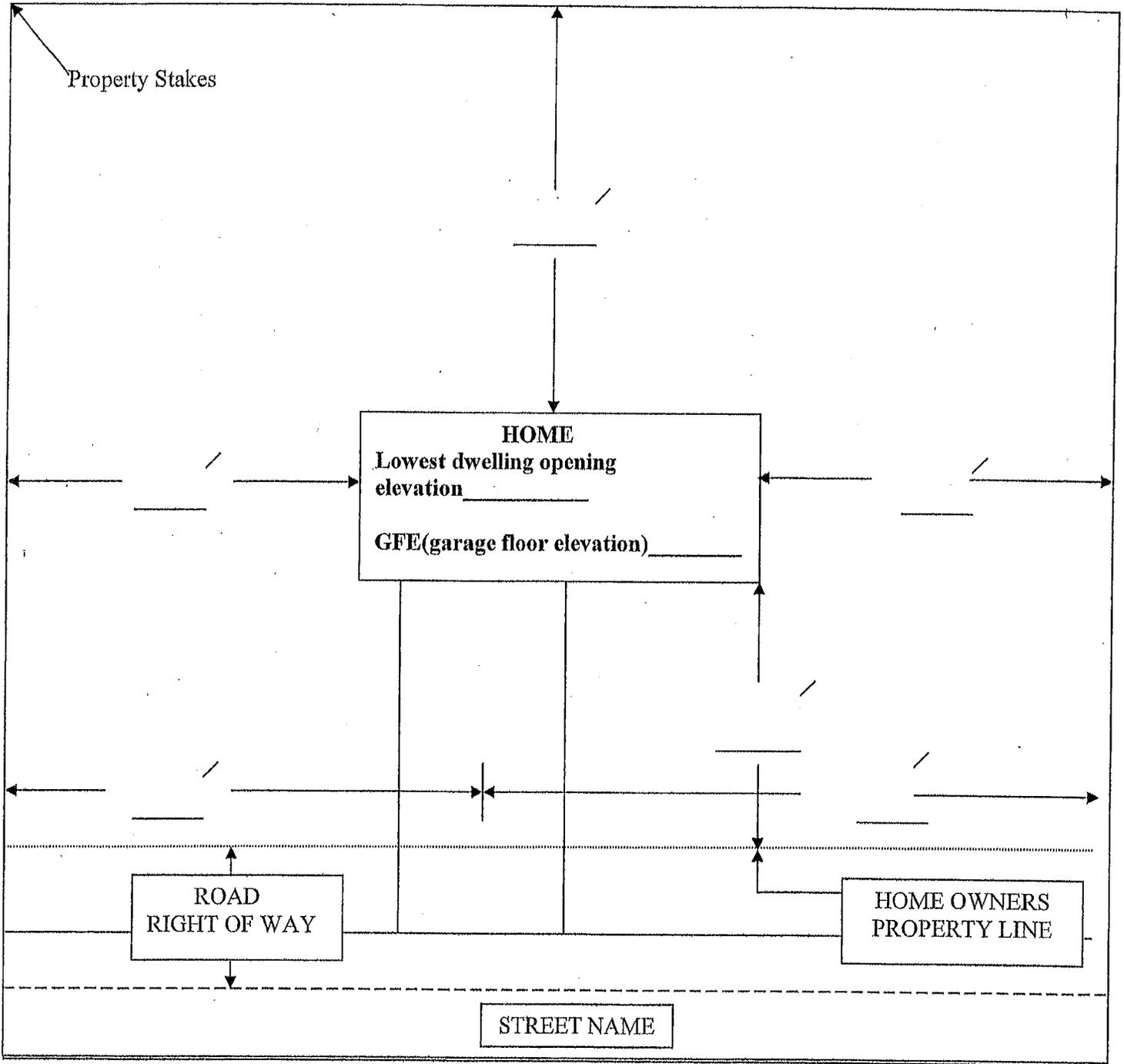
Applicant (Signature & Date)

Director of Public Works (Signature & Date)

**MUNICIPALITY
SITE PLAN**

Date: _____

Revised Date: _____



SHOW & LABEL

North Arrow ----- Street Name

E/C – Erosion Control including silt fence and or stock piles

D.W.- Driveway –including width & distance from property corner to center of driveway

Set Backs – Must be shown and dimensioned to structure. If house sits on a corner lot or at an angle, the set back is from the closest or nearest point to the lot line.

Show in red (pen or pencil) if house is sitting at an angle or different from diagram

IF ANY OF THE ABOVE CONDITIONS DO NOT PERTAIN, YOU MUST CONVEY THIS FACT

BY N/A (NOT APPLICABLE)

Owners Name: _____ Contractors: _____

Contractors Cell Phone No.: _____

Affidavit of Plumbing Testing

With the inspector's permission, per Comm 82.21 (1)(b)1b, complete entire form. Use of this form is not mandatory. This is a suggested format that a plumber might replace with their own affidavit. Print or type clearly. Call for your rough inspection and inform the inspector that you have completed the testing and the affidavit. Provide this completed form to the inspector prior to or at the time of the rough-in inspection.

Date of test: _____ Responsible Master: _____

Responsible MP Number: _____

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1)(m)).

Owner and Site Information

Owner's Name: _____

Project Site Address: _____

Project Site City: _____

Type of project (check one):

New plumbing installation

Remodel or addition

Repair

Other

If other, explain:

Testing Information

Sanitary Building Sewer or Private
Inceptor Main Sewer:

- Water test (10' for 15 minutes)
 Air test (3 psig for 15 minutes)
(air test not recommended for plastic pipe)

Water Service or Private Water Main:

- Water test (Working pressure)
 Air test (Working pressure)

Building Drain:

- Water test (10' except for top 10' for 15 minutes)
 Air test (5 psig for 15 minutes)

Drain & Vent System:

- Water test (10' for 15 minutes)
 Air test (5 psig for 15 minutes)

Water Distribution:

- Water test (Working pressure)
 Air test (Working pressure)

Air Admittance Valves:

- Manometer test to 1" water column

Responsible Master Plumber – signature

Witness (not required) – signature

Occupancy will not be granted if this form is not completed and submitted to the building inspector.

STANDARD CONDITIONS OF APPROVAL

Project Address _____ Permit # _____

Please read the following information and sign at the bottom to acknowledge that you have read and agree to comply with these conditions.

****All new construction work must meet the Wisconsin Uniform Dwelling code, NEC, and the Wisconsin Uniform Plumbing code requirements.***

1. Notice is required per **Comm 20.10(1)(a)**. We will make every effort to make the inspection within 24 hours of your request time, you *shall not proceed past the point of inspection until 2 business days after the time the project was stated "ready"*. Cancel/reschedule when not ready.
2. **Install and maintain** all Erosion Control devices as identified in the Approved Erosion Control Plan and as required by the Wisconsin Construction Site Best Management Handbook.
3. All site grading must be done in accordance with the approved drainage plan on file in the municipal office. It shall be the responsibility of the permit applicant to research existence of any such drainage plan.
4. **Remove tracking sediment (dirt) from street at the end of each work day. (Repetitive or continuous tracking on the road will not be tolerated)**. Maintain all road drainage systems, ditches and tracking provisions, storm water drainage systems, control measures and other facilities identified in the Erosion Control Plan, **if not removed from the roadway at the end of each day I understand that a Stop Work Order of a Citation will be issued.**
5. **The General Contractor or property owner/applicant is responsible for compliance with Comm 21.125** (Erosion Control). When installing access drives, a minimum of 2"-3" diameter stone is required in addition to a minimum of 6" depth, 30'-50' length, and 14'-20' width. **Erosion control measures must be maintained until a lawn is established.** After occupancy is granted it is the responsibility of the general contractor to notify the property homeowner that erosion control measures must be maintained.
6. **The building permit card must be posted** on site at all times along with the address.
7. All footing column pads must be formed and not puddle-poured.
8. All foundation wall reinforcement shall be provided per **Comm 21.18**
9. **All** mechanicals must be roughed in prior to requesting the rough building inspection **including finished basement areas**, sealing all penetrations must be completed before call for rough inspections. (Penetrations in exterior walls, top and bottom plates, gaps in heating ducts, and holes in the return air spaces) must be sealed prior to the insulation inspection. If on the inspection the mechanicals in **all** finished areas are not roughed in **the inspection will fail**. A re-inspection fee will be charged for a re-inspect.
10. All habitable rooms must be provided with 8% light and 3.5% ventilation. Bedrooms located on the second floor or below or below ground level must be provided with egress windows in addition to light and ventilation requirements (**Comm 21.05**).
11. Garage spaces shall be separated from the dwelling unit in accordance with **Comm 21.08**. The door and frame assembly between the dwelling unit and an attached garage shall be labeled by an independent testing agency as having a minimum fire-resistance rating of 20 minutes. All drywall joints are required to be taped-sealed unless the joints are fitted so that the gap is no more than a dime thickness (1/20-inch) and backed by solid wood or drywall with joints staggered.

12. **Smoke detectors** are required on every floor and in bedroom and in the vicinity of the bedroom group. On floor levels that do not contain a sleeping area, an alarm shall be installed in a common area **(Comm 21.09)**.
13. **Carbon monoxide detector** in the basement of a dwelling and on each floor level except the attic, garage, or storage area of each dwelling unit. A carbon monoxide detector wires to the dwelling's electrical wiring system shall have a backup battery power supply.
14. Hydro massage tubes are required to have an access panel to motor. The access panel must be accessible without moving finish of the house.
15. Truss plans including the layout must be provided on site at the rough building inspection. In addition to the truss plans, microlam calculations must be provided on site at the rough building inspection for all microlams with point loads on them.
16. Blocking or diagonal bracing shall be provided at 32" spacing or less between rim joists and the first row of parallel floor joists so as to provide adequate lateral support for the top of the foundation wall.
17. All overframing must be designed by truss manufacturer, according to standards set by the truss plate institute, or structural calculations must be provided prior to the rough building inspection.
18. All 120 volt, single phase, 15- and 20-ampere branch circuits supplying outlets installed in dwelling unit **family, dining and living rooms, parlor, libraries, dens, bedrooms, sunrooms, recreation rooms, closets, hallways, or similar rooms** or areas shall be protected by a listed arc-fault circuit interrupter, combination-type, installed to provide protection of the branch circuit. **NEC 210.12(B)**
19. **Tamper-Resistant Receptacles in Dwelling Units.** In all areas specified in 210.52, all 125-volt, 15- and 20-ampere receptacles shall be listed tamper-resistant receptacles. **NEC 406.11**
20. 2009 WI Energy Efficient Certificate must be posted on or immediately adjacent to electrical distribution panel. **Comm.22.20.(6)**
21. Calculations must be provided for all cantilevered floors with point loads. Floor trusses and TJI's must be designed for the cantilevered areas.
22. Provide attic scuttle. **(Comm 21.07)**
23. In the new home packet is a copy of the final inspection checklist. At the final inspection all items on this list must be completed to avoid the re-inspection fee per inspection.
24. When requesting final inspections please note that a minimum of 5 days notice is needed from the time the inspection is ready. Occupancy may proceed if the inspection has not been completed within 5 business days after notification. **(Comm20.10)**
25. **AN OCCUPANCY PERMIT IS REQUIRED BEFORE YOU OR YOUR HOMEOWNER IS ALLOWED TO BRING LARGE ITEMS INTO DWELLING** (approval for boxes that will not affect inspection may be granted by the inspector), **FINE FOR OCCUPANCY WITHOUT A PERMIT IS \$100 PER DAY.**

Signature of Applicant: _____

Date: _____

With proper detailing of building dimensions, material types, spans, sizes, spacing, F_b , properties, etc., and strikeouts of non-applicable details, this cross section would provide an acceptable plan drawing. With the local inspection authority's permission, this drawing may be detailed by a designer and submitted as part of a plan package for plan review. (F_b - Fiber bending stress of selected lumber. Alternatively, grade and species information may be noted.)

OWNER: _____
PROJ. LOC: _____
DATE: _____
DESIGNER: _____

PLEASE FILL OUT COMPLETELY ANYTHING THAT DOES NOT APPLY PLEASE SPECIFY N/A

- VENTING: _____
- ROOF SLOPE: _____
- ROOFING: _____
- UNDERLAYMENT: _____
- DECKING: _____
- RAFTERS/TRUSSES: _____
- AIR CHUTES: _____
- EAVE PROT: _____

- VENTING: _____
- EXT. COVERING: _____
- EXT. SHEATHING: _____
- MAS. VENEER: _____
- AIR SPACE: _____
- ANCHORAGE: _____
- FELT/FLASHING: _____
- SILL PLATE: _____
- TOP COURSE: _____
- GRADE: _____
- FDTN. INSUL: _____
- INSUL. PROT: _____
- FDTN. TYPE: _____
- FDTN. THICKNESS: _____
- REINFORCEMENT: _____
- PILASTERS: _____
- DAMPROOFING: _____
- BACKFILL: _____
- DRAIN TILES: _____
- BLEEDERS: _____
- FOOTING: _____

