

# Uniform Dwelling Code Permit Checklist

OWNER OR BUILDER CHECKLIST	STAFF CHECKLIST	ITEMS NEEDED FOR PLAN SUBMITTAL
<input checked="" type="checkbox"/>		SIGNED CAUTIONARY STATEMENT IF YOU (HOMEOWNER) IS TAKING OUT PERMIT W/ State Statues 101.65(lr)
<input checked="" type="checkbox"/>		SUBMIT A COPY OF UDC CONTRACTOR & UDC QUALIFIER LICENSES
<input checked="" type="checkbox"/>		EROSION CONTROL PLAN - SPS 321.125 Erosion control measures shall be in place 24hrs after beginning of excavation - otherwise no inspections will be performed
<input checked="" type="checkbox"/>		2 SETS OF HOUSE PLANS (ONE MIN. SIZE 11"X17" MUST HAVE ALL DIMENSIONS & BE LEGIBLE) INCLUDE <u>DETAIL</u> WALL BRACING <u>1- Full SIZE SET</u>
<input checked="" type="checkbox"/>		ENERGY CALCULATIONS-SPS322
<input checked="" type="checkbox"/>		BUILDING APPLICATION COMPLETED & <u>ACT 211</u>
		CONSTRUCTION DEPOSIT AGREEMENT IF REQUIRED BY YOUR MUNICIPALITY
<input checked="" type="checkbox"/>		SCALED SITE PLAN SHOW SETBACKS & IMPROVEMENTS
		A COPY OF THE LAND OR ZONING PERMIT (ISSUED BY THE COUNTY)
		A COPY OF THE SANITARY PERMIT (LOCAL OR COUNTY)
<input checked="" type="checkbox"/>		SIGNED CONDITIONS OF APPROVAL
<input checked="" type="checkbox"/>		WALL CROSS SECTION (WALLS, FOUNDATION, PIERS, ROOF, ETC.)
<input checked="" type="checkbox"/>		EXCAVATION AND/OR DRIVEWAY PERMIT
<input checked="" type="checkbox"/>		UTILITY & WIRING AFFIDAVIT FOR THE WATER & LIGHT COMMISSION DEPARTMENT COMPLETED
		MANUFACTURED DWELLING UDC - SUBMIT A COPY FO THE DATA PLATE
		MANUFACTURED DWELLING 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 INFO. ON HEATING APPLIANCES ETC. ARE TO BE PROVIDED OR RETAINED ON SITE FOR REVIEW
<input checked="" type="checkbox"/>		TRUSS PLANS & LAYOUTS (HAVE ON-SITE FOR FRAMING INSPECTIONS)
		PARK FEE RECEIPT IF REQUIRED BY YOUR MUNICIPALITY

Contractors List:

Owner:

Phone:

Contractors  
HVAC  
Electrician  
Plumber  
Excavator  
Framer

Phone:  
Phone:  
Phone:  
Phone:  
Phone:  
Phone:

Dwelling Contractor #  
Lic/Cert#  
Lic/Cert#  
Lic/Cert#  
Lic/Cert#  
Lic/Cert#

Qualifier#

## Cautionary Statement To Owners Obtaining Building Permits

101.65(lr) 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 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 or 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.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Building Inspector \_\_\_\_\_

Date: \_\_\_\_\_

## 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.

# 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 or 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 dimes thickness (1/20-inch) and backed by solid wood or drywall with joints staggered.

12. **Smoke detectors** are required on every floor and in each bedroom and in the vicinity of the bedroom group. On floors 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 the dwelling and on each floor level except the attic, garage, or storage area of each dwelling unit. A carbon monoxide detector wired 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 Efficiency 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. **(Comm 20.10)**
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:** \_\_\_\_\_

DRIVEWAY INSTALLATION PERMIT

Permit No: \_\_\_\_\_

APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Application is for a: \_\_\_\_\_ Single Family Residential Driveway  
\_\_\_\_\_ Multi-Family Residential Driveway  
\_\_\_\_\_ Commercial Driveway  
\_\_\_\_\_ Industrial Driveway

DRIVEWAY LOCATION:

Street Address: \_\_\_\_\_

Legal/Parcel No: \_\_\_\_\_

Applicant is to mark proposed driveway location with stakes on each side of proposed driveway for inspection by municipal employee.

APPLICANT'S ACKNOWLEDGEMENT & SIGNATURE

I understand that in acceptance of this driveway permit, I agree to comply with all provisions of chapter 214 of the Oconto Falls Municipal Code (as amended); I and my contractor will minimize any and all damage to public and private facilities including, but not limited to, street surfaces, utilities, curbing and sidewalks. In accepting this driveway installation permit, I acknowledge that any repair of damage to public property will be assessed to the applicant should the applicant fail to properly repair such damage to municipal specifications.

I understand that when clearing my driveway of snow, state law and municipal ordinance prohibit the placing of snow within the street or plowing snow across the street; I am required to prevent the erosion of soils occurring on my lands and to block eroded soils from being deposited into the public right-of-way and storm sewers during and after construction of the driveway; I understand my, and my contractor's, responsibility to contact Digger's Hotline (800-242-8511) three (3) working days prior to initiating any work described within this permit; to obtain all other permits required of governmental agencies for the work contemplated and to provide protection of the public through proper barricading and signing of the work area.

This permit is valid only for the dates listed and upon payment of any and all required fees.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONAL APPROVAL

The City of Oconto Falls approves this driveway permit with the following conditions:

- 1) Construction of Driveway must occur prior to \_\_\_\_\_.
- 2) All provisions of chapter 214 of the Oconto Falls Municipal Code are to be complied with in their entirety.
- 3) All excavations of soil within public property for the purposes of constructing the driveway noted in this permit shall be undertaken during normal business hours. No excavation shall be started after 2:00 P.M. No excavation shall be started on a Friday or the day prior to a municipal holiday.
- 4) \_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
FOR MUNICIPAL USE ONLY

Driveway will access: \_\_\_\_\_  
(City Street)

Driveway will enter street at \_\_\_\_\_ angle.

Street has: curb & gutter Ditch Neither curb & gutter or ditch  
(Circle one)

If ditch: Is culvert required? \_\_\_\_\_ Size of Culvert: \_\_\_\_\_

Has applicant been notified of responsibility to purchase culvert?  
Yes \_\_\_\_\_ No \_\_\_\_\_

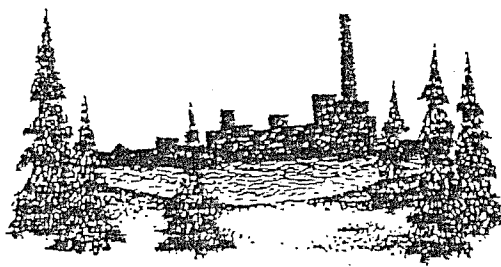
Driveway will be \_\_\_\_\_ feet wide.

Driveway is \_\_\_\_\_ feet from the nearest intersection.

Bond Required? Yes No Amount \$ \_\_\_\_\_

Fee Paid: Amount \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

cc: Completed Application to Building Inspector



CITY OF  
OCONTO FALLS  
WISCONSIN, BOX 70, 54154  
(414) 846-2035

## EXCAVATION PERMIT

Permit No. \_\_\_\_\_

Date of Application: \_\_\_\_\_

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

### CONTRACTOR INFORMATION: Contractor Undertaking Work

Trade Name (dba): \_\_\_\_\_

Name Of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Location of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected Completion Date: \_\_\_\_\_

I understand authorization to excavate within public grounds, or the public rights-of-way, of the City of Oconto Falls does not relieve the applicant of its responsibility to contact MISS DIG three (3) working days prior to initiating any work described within this permit; to obtain all other permits required of governmental agencies for the work contemplated; to provide proper protection of the public through barricading and signing of the work area; to insure any utility work is properly inspected prior to covering; nor the obligation to minimize damage to public streets and facilities and repair all damaged property to the specifications of private owners and the municipality. I further understand any repair of damage to public property will be assessed to the applicant should the applicant fail to properly repair such damage to municipal specifications. This permit is only valid upon payment of all required fees. I acknowledge receiving a copy of the City's Excavation Ordinance (96-001).

Applicant/Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CONDITIONAL APPROVAL

The City of Oconto Falls approves this excavation permit with the following conditions:

- 1) This permit is valid only from \_\_\_\_\_ to \_\_\_\_\_.
- 2) All non-emergency excavations shall be undertaken during normal business hours. No non-emergency excavation shall be started after 2:00 P.M. No non-emergency excavation shall be started on a Friday or the day prior to a municipal holiday.
- 3) The other provisions of Ordinance 96-001 are to be complied with in their entirety.
- 4) Any subsurface utility work and/or connections to the municipal utility system are to be undertaken in accordance with the provisions of Ordinance 96-002.
- 5) \_\_\_\_\_  
\_\_\_\_\_
- 6) \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ For Municipal Use Only \_\_\_\_\_

Bond Required? Yes No Amount \$ \_\_\_\_\_

Fee Paid: Amount \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received: \_\_\_\_\_





## Affidavit of Plumbing Testing

With the inspector's permission, per SPS 382.21(1)(b)1b, complete entire form. Use of this form is not mandatory. This is a suggested format that a plumber may 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 Interceptor Main Sewer	<input type="checkbox"/> Water test (10' for 15 minutes) <input type="checkbox"/> Air test (3 psig for 15 minutes) (air test not recommended for plastic pipe)
Water Service or Private Water Main	<input type="checkbox"/> Water test (Working pressure) <input type="checkbox"/> Air test (Working pressure)
Building Drain	<input type="checkbox"/> Water test (10' except for top 10' for 15 minutes) <input type="checkbox"/> Air test (5 psig for 15 minutes)
Drain & Vent System	<input type="checkbox"/> Water test (10' for 15 minutes) <input type="checkbox"/> Air test (5 psig for 15 minutes)
Water Distribution	<input type="checkbox"/> Water test (Working pressure) <input type="checkbox"/> Air test (Working pressure)
Air Admittance Valves	<input type="checkbox"/> Manometer test to 1" water column

Responsible Master Plumber - signature \_\_\_\_\_

Witness (not required) - signature \_\_\_\_\_

**SPS 382.21 Testing and inspection. (1) TESTING OF PLUMBING SYSTEMS.** Except as provided in par. (a), all new plumbing and all parts of existing systems which have been altered, extended or repaired shall be tested as specified in sub. (2) to disclose leaks and defects before the plumbing is put into operation.

(a) *Waiver of testing.* 1. The testing of the plumbing shall not be required where the installation does not include the addition, replacement, alteration or relocation of any water distribution, drain or vent piping.

2. a. Field testing the installation of a storm building sewer and a storm private interceptor main sewer is not required.

b. The joints and connections to be employed for storm building sewer piping shall conform with s. SPS 384.40 (1) (a).

(b) *Local inspection.* Where the plumbing is installed in a municipality having a local inspector, the testing of the plumbing shall be done in the presence of a plumbing inspector, except as provided in subd. 1. b.

1. 'Notice of inspection.' a. The plumber responsible for the installation shall notify the plumbing inspector in person, by telephone or in writing when the work is ready for inspection.

b. Except as permitted in par. (c), if the inspection is not made by the end of the normal business day following the day of notification, not including Saturday, Sunday or legal holidays, the plumber may proceed with the testing and the installation.

c. Testing may be done without the presence of the inspector, if the master plumber responsible for the installation obtains the inspector's permission to provide a written test report in a format acceptable to the inspector.

Note: See ch. SPS 382 Appendix for a sample affidavit form.

2. 'Preparations for inspection.' When the installation is ready for inspection, the plumber shall make such arrangements as will enable the plumbing inspector to inspect all parts of the plumbing system. The plumber shall have present the proper apparatus and appliances for making the tests, and shall furnish such assistance as may be necessary in making the inspection.

3. 'Rough-in inspection.' A rough-in inspection shall be made when the plumbing system is roughed-in and before fixtures are set. Except as provided in subd. 1., plumbing work shall not be closed in, concealed, or covered until it has been inspected and approved by the plumbing inspector and permission is granted to do so.

4. 'Final inspection.' a. Upon completion of the plumbing installation and before final approval is given, the plumbing inspector shall inspect the work.

b. Municipalities may require that a final test be conducted in accordance with sub. (2) (h) and that the final test, when required by the municipality, shall be observed by the plumbing inspector.

5. 'Reinspections.' Whenever the plumbing official finds that the work or installation does not pass any initial test or inspection, the necessary corrections shall be made to comply with this chapter. The work or installation shall then be resubmitted for inspection to the plumbing inspector.

(c) *Inspection of one- and 2-family dwellings.* The inspection of plumbing installations for one- and 2-family dwellings shall be in accordance with ss. SPS 320.08 to 320.11.

(d) The initial testing of cross connection control assemblies shall comply with s. SPS 382.22 (8).



CITY OF  
OCONTO FALLS  
WISCONSIN, BOX 70, 54154  
(414) 846-2035

## UTILITY CONNECTION PERMIT

Permit No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

### CONTRACTOR INFORMATION: (Contractor Undertaking Work)

Trade Name (dba): \_\_\_\_\_

Name Of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

### CONNECTION:

Connection to be made to: Sanitary Sewer \_\_\_\_ Water \_\_\_\_ Storm Sewer \_\_\_\_

Location of Connection: (Address) \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand authorization to connect to the municipal utility system noted above does not relieve me of my responsibility to contact *MISS DIG* three (3) working days prior to initiating any work described within this permit; to obtain all

other permits required of governmental agencies for the work contemplated; to provide proper protection of the public through decontamination of the facility being connected and through proper barricading and signing of the work area; to insure any utility work is properly inspected prior to covering; and to minimize damage occurring to public streets and facilities and to repair all damaged property to the specifications of private owners and the municipality. I further understand any repair of damage to public property will be assessed to the applicant should the applicant fail to properly repair such damage to municipal specifications. This permit is valid for 30 days from the date of issuance and is only valid upon payment of all required fees. I acknowledge receiving a copy of the City's Utility Connection Ordinance (96-002).

Applicant/Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CONDITIONAL APPROVAL

The City of Oconto Falls, and its Water & Light Commission approves this utility connection permit with the following conditions:

- 1) This permit is only valid from \_\_\_\_\_ to \_\_\_\_\_.
- 2) All provisions of Ordinance 96-002 are to be complied with in its entirety.
- 3) All non-emergency excavations shall be undertaken during normal business hours. No non-emergency excavation shall be started after 2:00 P.M. No non-emergency excavation shall be started on a Friday or the day prior to a municipal holiday.
- 4) The lateral is to consist of the following materials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ *For Municipal Use Only* \_\_\_\_\_

Does utility system have capacity for additional connection? Yes No

Has excavation permit been approved? Yes No Permit Number \_\_\_\_\_

Has applicant completed an application for Service? Yes No

Has applicant provided affidavit to the utility? Yes No

Bond Required? Yes No Amount \$ \_\_\_\_\_

Has applicant paid required connection fees? Yes No

Fee Amount? \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Received By: \_\_\_\_\_

City of Oconto Falls  
Water & Light Commission

WIRING AFFIDAVIT

STATE OF WISCONSIN  
COUNTY OF OCONTO

Electrical Wiring Done By \_\_\_\_\_

Wireman's Address \_\_\_\_\_ Phone \_\_\_\_\_

Being first duly sworn in oath, says that he is the contractor or person who did the wiring for electricity, at the below described premises consisting of:

Permanent \_\_\_\_\_ Single Phase \_\_\_\_\_ 480 V \_\_\_\_\_ Other \_\_\_\_\_  
Temporary \_\_\_\_\_ Three Phase \_\_\_\_\_ 240 V \_\_\_\_\_ Wire Size \_\_\_\_\_  
Overhead \_\_\_\_\_ 120/240 \_\_\_\_\_ 277/480 V \_\_\_\_\_  
Underground \_\_\_\_\_ 120/208 \_\_\_\_\_ Copper \_\_\_\_\_ Aluminum \_\_\_\_\_

Service Amperes \_\_\_\_\_ Total Connected H.P. \_\_\_\_\_

All of said described wiring at this location was done to comply, and does comply with the Wisconsin Electrical Code as required by the provisions of Chapter 167.16 of the Wisconsin Statutes. Furthermore, I assume all responsibility for the work performed.

Signed \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_ County \_\_\_\_\_

Electrical wiring on premises of:

Owners name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Billed to Name & Address \_\_\_\_\_

Directions: Customer must notify the Utility Office at 920-846-4512 or 920-846-4507, 3 days prior to desired utility connection. Customer must pay the estimated cost due to the Utility before construction starts. (see reverse side) Final bill will be adjusted. \*\*Ground to customer water pipe, inlet side of floor.

Electrical Inspection by \_\_\_\_\_

Date \_\_\_\_\_

Service Pole # \_\_\_\_\_ Service Drop Wire Size \_\_\_\_\_  
Type of Meter \_\_\_\_\_ Service Drop Length \_\_\_\_\_  
Remarks \_\_\_\_\_

Service must be spotted by Oconto Falls Utilities Supervisor before service is started.

Service spotted by \_\_\_\_\_

Customer Estimated Cost \_\_\_\_\_

NOTE

The above estimated customer cost must be paid before construction starts. This affidavit must be returned to Oconto Falls Utilities before service will be connected.

City of Oconto Falls  
Water & Light Commission  
104 S. Franklin St.  
P. O. Box 70  
Oconto Falls, WI 54154

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

With proper detailing of building dimensions, material types, spans, sizes, spacing, F<sub>g</sub> 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<sub>g</sub> - Fiber bending stress of selected lumber. Alternatively, grade and species information may be noted.)

OWNER: \_\_\_\_\_  
PROJ. LOC: \_\_\_\_\_  
DATE: \_\_\_\_\_  
DESIGNER: \_\_\_\_\_

\_\_\_\_\_ RIDGE BOARD

VENTING: \_\_\_\_\_

ROOF SLOPE: \_\_\_\_\_

ROOFING: (CHECK ZONING CODE) \_\_\_\_\_

UNDERLAYMENT: \_\_\_\_\_

DECKING: \_\_\_\_\_

RAFTERS/TRUSSES: \_\_\_\_\_

AIR CHUTES: \_\_\_\_\_

EAVE PROT: \_\_\_\_\_

12" OVERHANGS REQUIRED ON ALL BUILDINGS \_\_\_\_\_

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: \_\_\_\_\_

PLASTER: \_\_\_\_\_

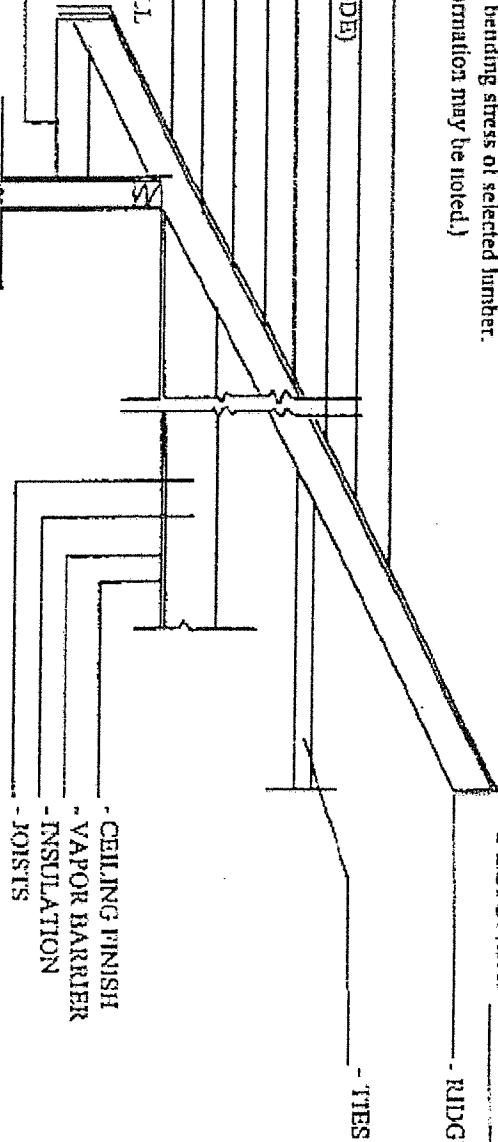
DAMP-ROOFING: \_\_\_\_\_

BACKFILL: \_\_\_\_\_

DRAIN TILES: \_\_\_\_\_

BLEEDERS: \_\_\_\_\_

FOOTING: \_\_\_\_\_

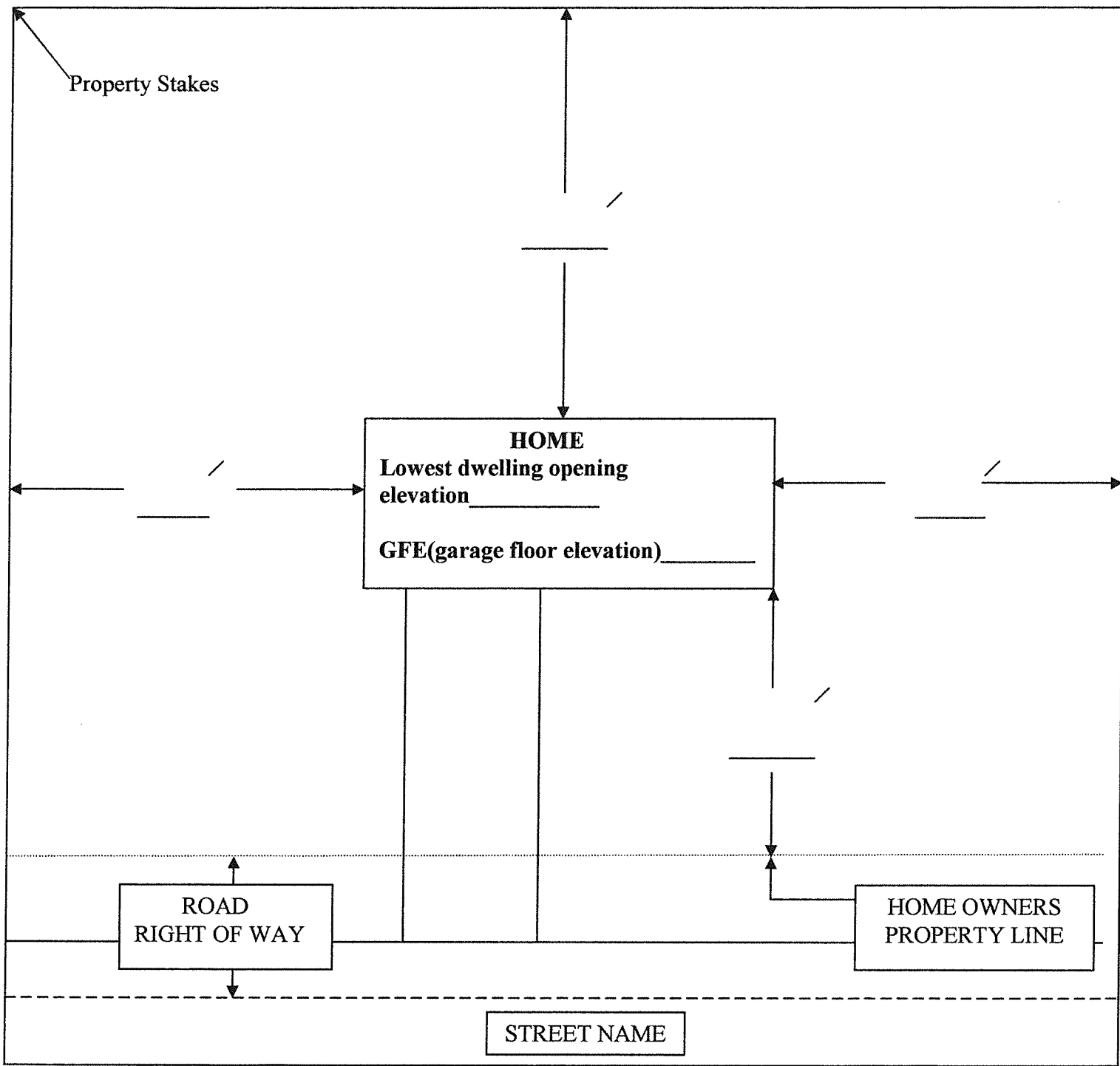


-2001-20-47-

Date: \_\_\_\_\_

# SITE PLAN

Revised Date: \_\_\_\_\_



## SHOW & LABEL

North Arrow

Street Name

**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: \_\_\_\_\_ Phone # \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Cell # \_\_\_\_\_



**City of  
Oconto Falls**  
500 N. Chestnut  
P.O. Box 70  
Oconto Falls, WI 54154



# BUILDING PERMIT APPLICATION

Permit No. \_\_\_\_\_

Parcel No. \_\_\_\_\_

**Project Description** \_\_\_\_\_

**Building Address** \_\_\_\_\_

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

<b>PROJECT INFORMATION</b>		Lot area _____ Sq.ft.	Subdivision Name _____		Lot No. _____
Zoning District(s) _____	Zoning Permit No. _____	<input type="checkbox"/> One acre or more of soil will be disturbed	Setbacks: _____	Front _____ ft.	Rear _____ ft.
				Left _____ ft.	Right _____ ft.

<b>1. PROJECT</b>		<b>3. OCCUPANCY</b>		<b>6. ELECTRIC</b>		<b>10. HVAC EQUIP.</b>		<b>13. ENERGY SOURCE</b>																												
<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		<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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>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"/>
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"/>																														
<b>2. AREA INVOLVED (sq ft)</b>		<b>4. CONST. TYPE</b>		<b>7. WALLS</b>		<b>11. SEWER</b>		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)																												
Unfin. Bsmt _____		<input type="checkbox"/> Mfd. per WI UDC		<input type="checkbox"/> Wood Frame		<input type="checkbox"/> Municipal																														
Fin Bsmt _____		<input type="checkbox"/> Mfd. per US		<input type="checkbox"/> ICF		<input type="checkbox"/> Sanitary Permit# _____																														
Living Area _____		<input type="checkbox"/> HUD		<input type="checkbox"/> Timber/Pole		<input type="checkbox"/> Other _____																														
Bonus Area _____		<b>5. STORIES</b>		<b>8. FOUNDATION</b>		<b>12. WATER</b>		<b>14. EST. BUILDING COST w/o LAND</b>																												
Garage _____		<input type="checkbox"/> 1-Story		<input type="checkbox"/> Concrete		<input type="checkbox"/> Municipal		\$ _____																												
Deck _____		<input type="checkbox"/> 2-Story		<input type="checkbox"/> Masonry		<input type="checkbox"/> On-Site Well																														
Other _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Treated Wood																																
Totals _____				<b>9. USE</b>																																
				<input type="checkbox"/> Seasonal																																
				<input type="checkbox"/> Permanent																																
				<input type="checkbox"/> Other: _____																																

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the 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.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**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.

<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>WIS PERMIT SEAL #</b>		<b>PERMIT ISSUED BY:</b>	
Building Fee	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	<b>MUNICIPALITY #</b> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">42-266</div> <b>RECEIPT INFO</b> CK # _____ Date _____ Rec By _____		Name _____  Date _____ Tel. _____  Cert No. _____		
Zoning Fee	\$ _____						
Wis. Permit Seal	\$ _____						
Erosion Control	\$ _____						
Driveway	\$ _____						
Flatwork	\$ _____						
Other	\$ _____						
Total	\$ _____						

**OFFICE # 920-846-4505**

**FAX #920-846-4516**

The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]