

VILLAGE OF LOMIRA
425 WATER STREET
LOMIRA, WI 53048
920-269-4112

Building Inspector: **Susan Leahy** of Kunkel Engineering Group
107 Parallel Street
Beaver Dam, Wi 53916
Office: 920-356-9447
Cell: 920-210-6351
Fax: 920-356-9454
Email: sleahy@kunkelengineering.com

Susan is available upon appointment only!

Necessary Information to File for a building Permit:

1. Two sets of plans
2. Two plot plans or plats of survey, showing elevations, setbacks, drainage and erosion control
3. Two copies of Thermal Performance (heat loss calculations)
4. Completed application, including contractor's certification numbers and signed cautionary statement to owner

Types of Work Requiring One or More Permits:

1. New structures, including sheds
2. Install or replace fencing, siding, windows or skylights
3. Relocate or replace fireplaces, chimneys, furnaces or air conditioners
4. Remodel, relocate walls, plumbing fixtures, windows or subfloor
5. Construct or replace deck or swimming pool
6. Upgrade electric service equipment or added circuitry

Permit Fees For Common Projects:

Call Susan with questions or if project is not listed.

Fees will be verified by the Inspector.

Permits are processed by mail or by appointment.

Applications must be complete!

Install or replace fencing - \$40

Sheds or garages - \$40

Siding, windows or skylights - \$5/\$1000 (\$40 minimum)

Relocate or replace fireplaces - \$40 or \$50, depending on type

Chimneys - \$40

Furnaces and/or air conditioners - \$50 each

Remodel, relocate walls, plumbing fixtures, windows or subfloor - \$5/\$1000 (\$40 minimum)

Construct or replace deck \$5/\$1000 (\$40 minimum)

Swimming pool - \$40

Upgrade electric service equipment or added circuitry - \$85

New structures – based on square footage – contact Inspector

CAUTIONARY STATEMENT TO OWNERS OBTAINING BUILDING PERMITS

(Part of Ply 4 for Applicants)

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 §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 of 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.

Applicant's Signature: _____ Date Signed: _____

KUNKEL ENGINEERING GROUP
 (920) 210-4135
 (920) 356-9447

WISCONSIN UNIFORM BUILDING PERMIT APPLICATION

Application No. _____
 PROJECT: _____

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: _____

Owner's Name	Mailing Address	Tel.
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
		Tel.
		FAX#

PROJECT LOCATION Lot area _____ Sq. ft. _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address _____ 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. ELECTRICAL	9. HVAC EQUIPMENT	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	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	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"/>
				<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.						
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS						
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: (WI UDC <input type="checkbox"/> U.S. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:	_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)						
	5. STORIES	8. USE	11. WATER	14. EST. PROJECT COST						
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ _____						

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.

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.

PROJECT DESCRIPTION: _____ Municipality Number of Dwelling Location _____

FEES:	RECEIPT	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Project \$ _____ Zoning \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____	Received: _____		Name _____ Date _____ Tel. _____ Cert No. _____

SITE PLAN

Applicant Name _____

Site Address _____

Mailing Address (if different) _____

Phone number _____

Signature _____

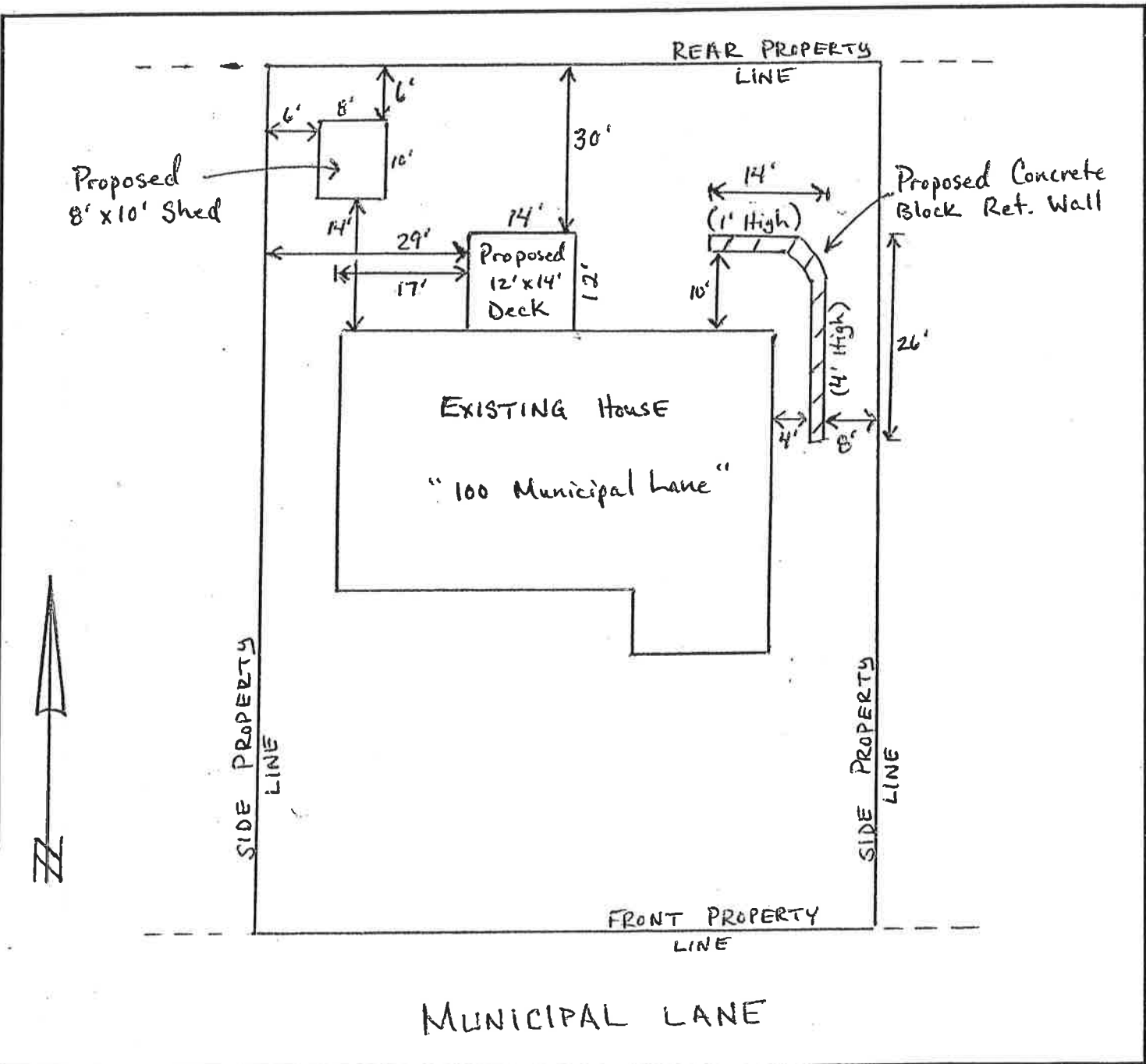
Date _____

Description of proposed construction 8' x 10' Wooden Shed with asphalt shingles and vinyl siding;
12' x 14' Wooden Deck; Concrete Block Retaining Wall

Site Plans must show: 1) all structures located on property 2) proposed new construction showing distances to existing structures and to property lines 3) adjacent street name(s) 4) north arrow 5) legend or description of structures and proposed construction

All detached accessory structures must be in the rear yard and at least 6 feet from all property boundaries.

EXAMPLE



SITE PLAN

Applicant Name _____

Site Address _____

Mailing Address (if different) _____

Phone number _____

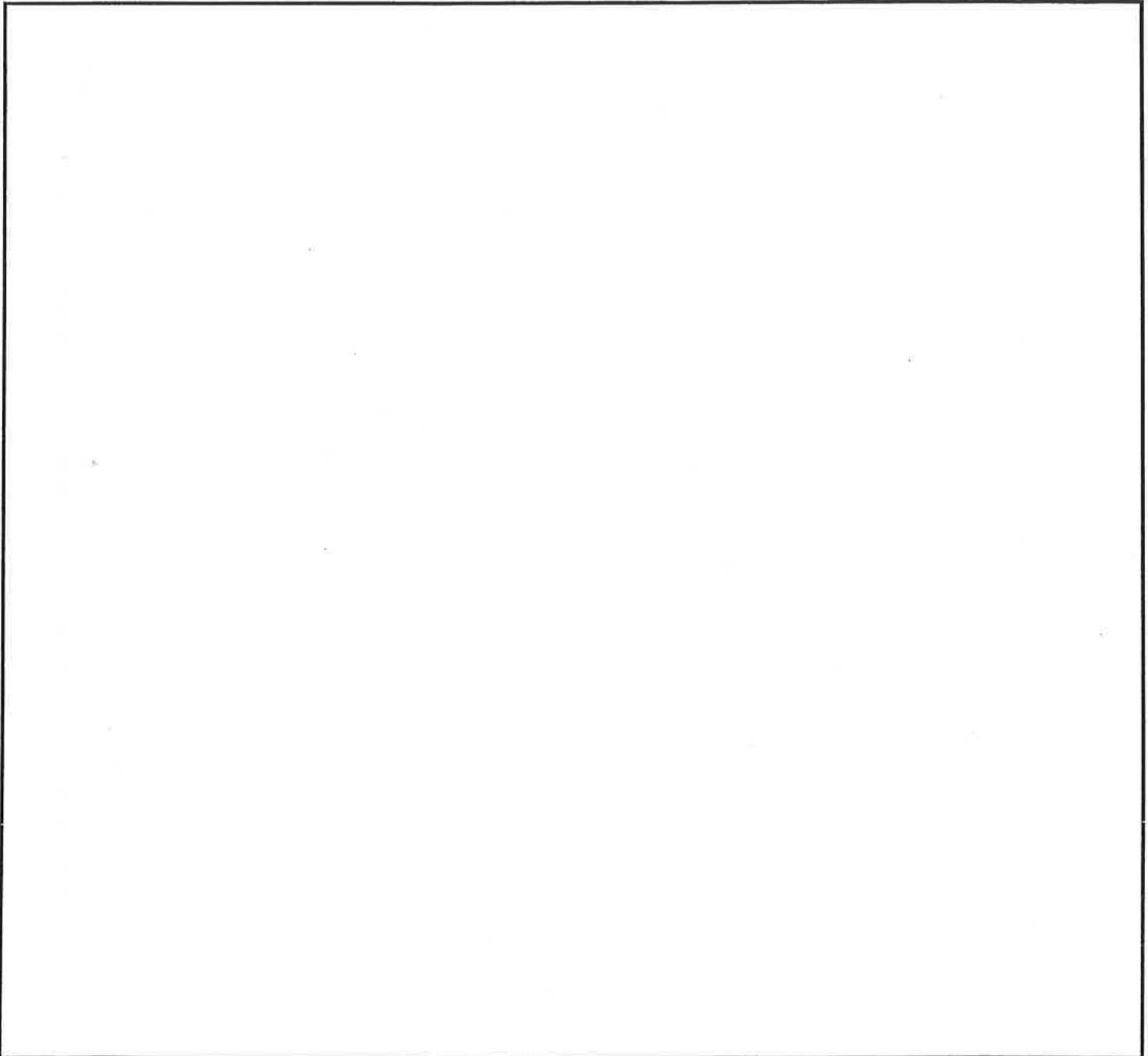
Signature _____

Date _____

Description of proposed construction _____

Site Plans must show: 1) all structures located on property 2) proposed new construction showing distances to existing structures and to property lines 3) adjacent street name(s) 4) north arrow 5) legend or description of structures and proposed construction

All detached accessory structures must be in the rear yard and at least 6 feet from all property boundaries.



SUPPLEMENTARY BUILDING PERMIT APPLICATION FOR NEW HOMES/ADDITIONS/REMODELING

Please supply the following:

For New Home/Additions

2 complete set of building plans
2 copies of site plans*
1 copy of heat loss calcs
Completed building application
Copy of erosion control plan
Plumbing permit and supplementary building permit

For Remodeling

2 sets of plans
completed permit application

*Site plan must show all structures located on the property, distance to property lines, distance between structures, erosion control measures and signature of applicant

Common Residential Setbacks from Principal Structure (house):

Front Yard: 30 ft., Side Yard: 12 ft., Rear Yard: 25 ft.

Accessory structures (detached garages, dog houses, fences, retaining walls, etc.):

Accessory structures must be in the rear yard and must be at least 6 ft. from all property lines. Fences must be at least 2 ft. off the property line unless written permission is received from the affected neighbor(s) to place a fence on the property line. Retaining walls must be at least 6 ft off any property line

CURB HEAD REMOVAL POLICY

Curb head removal by sawing shall conform to the following specifications. The work shall be performed by either Interstate Sawing Company, Inc. or Con-Cor Co., Inc. Other contractors may perform the work upon acceptance by the Director of Public Works.

No sawing shall be allowed until the condition of the existing curb and gutter is determined. Removal of the curb head is dependant on the existing integrity of the gutter that will remain.

The property owner/contractor shall identify the proposed curb cut in the field by marking with paint on the existing curb head. After doing so, the property owner/contractor shall notify the Public Works for inspection.

Sawing and removal shall be done by the use of truck or rail mounted, hydraulically controlled concrete cutting equipment specifically designed for this use. The cut shall be made from the backside of the curb.

The curb cut shall be made with an ascending slope of one and one half (1 ½) inches from the face to the back of the curb. The curb cut shall be made with a twelve inch taper on each side of the driveway opening. All sharp edges created by sawing shall be ground to an approximate one half (1/2) inch radius.

Existing curb joints shall be a minimum of six inches from the ends of the tapers. No joints will be permitted within the driveway tapers.

Within twenty-four hours of completion of the curb cut, the cut area, including the tapers shall be sealed with a clear solvent-based, VOC-compliant, silane penetrating sealer, such as SILANE 40 VOC BY Hydrozo. An equivalent product may be used upon approval by the Director of Public Works.

The contractor shall notify the Director of Public Works upon completion of the curb cut and sealing. The driveway approach shall not be poured until the cut has been inspected and approved. Improper or defective curb cuts will not be accepted and will require removal and replacement of the existing curb and gutter.

Interstate Sawing Company, Inc.
7403 Sleepy Hollow Road
PO Box 453
West Bend, WI 53090
800-572-9626 or 262-334-7522
www.interstatesawing.com

Con-Cor Company, Inc.
W146 N5790 Enterprise Avenue
Menomonee Falls, WI 53051
800-242-2066
www.con-cor-co.com

Owner and Contractor: _____

Site Address: _____

Excavator: _____ Phone # _____

Masonry & Concrete: _____ Phone # _____

Inspection Requirements:

The owner or his authorized agent is responsible for notifying the local building inspector when any of the following inspections are to be performed:

1. Zoning – when construction site is staked for exterior dimensions of dwelling
2. Installation of sewer and water laterals – prior to backfilling. During construction if trench is backfilled as laterals are installed
3. Footings – prior to pouring footings
4. Foundations – prior to backfilling
5. Rough Inspections – as necessary during construction. Prior to work being concealed by insulation, dry-wall, etc.
6. Final (occupancy) Inspection – prior to occupying dwelling. No occupancy will be permitted until the house itself is completed, including siding, exterior stone or brick work, etc. Houses for which the building permit is issued between March 1 and October 1 must have the lot finish graded, street sidewalk and driveway approach installed prior to occupancy. Houses for which the building permit is issued between October 1 and March 1 may be occupied prior to completion of finish grading, sidewalk and driveway approach installation if the building inspector determines no hazards to health or safety exist. In these cases, the owner will be required to sign a special assessment waiver allowing the Village to complete this work if it is not completed by the owner by June 30 of the next ensuing year.

The building inspector must be given 48 hours, excluding weekends and holidays after notice is given (preferable in writing) by the owner or contractor, to perform the inspection. No further construction which would conceal the work to be inspected can be done until the 48 hours has elapsed.

Failure to comply with these inspection requirements will subject the owner and his authorized agents to fines up to \$100.00 per day and/or imprisonment for up to 90 days.

I certify that the foregoing information is correct and complete and that I will comply with all conditions of the building permit and supplemental building permit requirements for inspections.

Signed: _____
Signature of Owner

Date: _____