

RC INSPECTION AGENCY LLC

8735 Hwy 47 W
Woodruff, WI 54568
Phone 715-439-4222
Cell 715-892-2056

GENERAL INFORMATION REQUIREMENTS FOR OBTAINING A
BUILDING PERMIT FOR A NEW GARAGE OR BOATHOUSE

1. Sequence of permits as follows:
 1. Sanitary permit (if required)
 2. County permit
 3. UDC permit
2. A copy of the sanitary permit will be required to determine the slope of the property for erosion plan. THIS SHOULD INCLUDE A COMPLETE SITE PLAN.
3. One copy of plans 1/4 or 1/8 scale
4. Erosion control plan
5. All forms completely filled out and signed
6. **A MAP SHOWING HOW TO GET TO THE SITE LOCATION**

Thank You
Rick Clem



Industry Services Division
 1400 E Washington Ave
 P.O. Box 7162
 Madison, WI 53707-7162

County _____

Sanitary Permit Number (to be filled in by Co.) _____

Sanitary Permit Application

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number _____

Project Address (if different than mailing address) _____

I. Application Information – Please Print All Information

Property Owner's Name _____

Parcel # _____

Property Owner's Mailing Address _____

Property Location

City, State _____

Zip Code _____

Phone Number _____

Govt. Lot _____
 _____ 1/4, _____ 1/4, Section _____
 (circle one)
 T _____ N; R _____ E or W

II. Type of Building (check all that apply)

1 or 2 Family Dwelling – Number of Bedrooms _____

Public/Commercial – Describe Use _____

State Owned – Describe Use _____

Lot # _____

Block # _____

CSM Number _____

Subdivision Name _____

City of _____

Village of _____

Town of _____

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. New System Replacement System Treatment/Holding Tank Replacement Only Other Modification to Existing System (explain) _____

B. Permit Renewal Before Expiration Permit Revision Change of Plumber Permit Transfer to New Owner List Previous Permit Number and Date Issued _____

IV. Type of POWTS System/Component/Device: (Check all that apply)

Non-Pressurized In-Ground Pressurized In-Ground At-Grade Mound ≥ 24 in. of suitable soil Mound < 24 in. of suitable soil
 Holding Tank Other Dispersal Component (explain) _____ Pretreatment Device (explain) _____

V. Dispersal/Treatment Area Information:

Design Flow (gpd) _____ Design Soil Application Rate(gpdsf) _____ Dispersal Area Required (sf) _____ Dispersal Area Proposed (sf) _____ System Elevation _____

VI. Tank Info

	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank										
Dosing Chamber										

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print) _____ Plumber's Signature _____ MP/MPRS Number _____ Business Phone Number _____

Plumber's Address (Street, City, State, Zip Code) _____

VIII. County/Department Use Only

Approved Disapproved Owner Given Reason for Denial Permit Fee \$ _____ Date Issued _____ Issuing Agent Signature _____

IX. Conditions of Approval/Reasons for Disapproval

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

VILAS COUNTY ZONING APPLICATION

Vilas County Zoning Office
 330 Court St., Eagle River, WI 54521
 Phone #: (715) 479-3620 Fax #: (715) 479-3752
 E-mail: zoning@vilascountywi.gov
 Web: www.vilascounty zoning.com

OFFICE USE ONLY
ZONING PERMIT # _____

Computer Parcel # _____
 Zoning District _____

The undersigned owner applies for a permit, located on the property legally described on this application. Upon approval the owner agrees that all structures and all work performed on this property will conform to the minimum requirements in the Vilas County General and Shoreland Ordinances, and all other applicable local ordinances codes and laws of the State of Wisconsin. The owner agrees that should a violation be found by the Zoning Administrator or their designee, said violation from the date of notification will, within 30 days or less, be corrected at the owner's expense; otherwise each day thereafter shall constitute a separate offense.

ZONING PERMIT SHORELAND ALTERATION PERMIT DEMOLITION PERMIT

<p>Owner Name (PRINT): _____ <i>(Required Information)</i> <u>Owner Information</u></p> <p>Owner Signature: _____ Electronic Signature, Initial Here: _____ Mailing Address: _____ City, State, Zip: _____ Telephone No.: _____</p> <p>PROPERTY INFORMATION</p> <p>Property Address: _____ Mailing Address: _____ City, State, Zip: _____ Telephone No.: _____</p> <p>Subdivision or Condominium <input type="checkbox"/> yes <input type="checkbox"/> no Name: _____ Lot Size _____ Ft. X _____ Ft. X _____ Ft. X _____ Ft. _____ Sq. Ft. _____ Acres</p>	<p>Application Date: _____ <u>Agent Information</u></p> <p>Agent Signature: _____ Electronic Signature, Initial Here: _____ Mailing Address: _____ City, State, Zip: _____ Telephone No.: _____</p> <p>Town of: _____ Lot(s) # _____ Gov. Lot(s) # _____ 1/4 _____ 1/4 Section(s) _____ Town _____ N. Range _____ E. Water body: _____</p>
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ZONING /DEMOLITION ACTIVITIES Total Estimated Cost of Project \$ _____

STRUCTURE(S): NEW ADDITION(S) DEMOLITION OF EXISTING STRUCTURE

Structure Size: (1.) _____ Ft. X _____ Ft. Mean Ht. _____ Ft. (2.) _____ Ft. X _____ Ft. Mean Ht. _____ Ft.
 (3.) _____ Ft. X _____ Ft. Mean Ht. _____ Ft. (4.) _____ Ft. X _____ Ft. Mean Ht. _____ Ft.

_____ Number of Bedrooms _____ Number of Stories Well on Property yes no

Written Description of Project: (If a demolition, List: contractor, starting and ending date, and location and manner of disposal of site materials. When a structure is demolished or removed, all sanitary sewer, storm sewer and water supply connections shall be sealed and plugged in a safe manner.) _____

SHORELAND ALTERATION ACTIVITIES:

LAND DISTURBANCE ACTIVITIES WITHIN 300' OF OHWM REQUIRING A SHORELAND ALTERATION PERMIT
(Check All Boxes That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Filling, grading or excavation between 35ft. & 300ft. of OHWM (except where activity requires a zoning or sanitary permit) (may require Erosion Control measures) | <input type="checkbox"/> Construction on Steep Slopes (Requires Erosion Control Plan) |
| <input type="checkbox"/> Land disturbance activities > 20,000 Sq. ft. for non single family (Requires Erosion Control Plan) | <input type="checkbox"/> Boathouse (Requires Zoning Permit & Erosion Control Plan) |
| <input type="checkbox"/> Land disturbance activities > 10,000 Sq. ft. for single family (Requires Erosion Control Plan) | <input type="checkbox"/> Grading resulting in increased potential for soil erosion & runoff |
| <input type="checkbox"/> Construct. of a boat landing or road access (Requires Erosion Control Plan) | <input type="checkbox"/> Filling resulting in increased potential for soil erosion & runoff |
| <input type="checkbox"/> Exceeding Tree Removal (Requires Alternative Tree Cutting Plan) | <input type="checkbox"/> Impervious Surface Areas (May Require Stormwater Plan) |
| <input type="checkbox"/> Activity where Structure < 75ft. from OHWM (Requires Zoning Permit) | <input type="checkbox"/> Above Ground Steps or Walkways (Requires Zoning Permit) |
| <input type="checkbox"/> Land Disturbance > 1 Acre Total (Requires DNR Stormwater Plan) | <input type="checkbox"/> Construction or Maintenance of Artificial waterways |
| <input type="checkbox"/> Path(s) | <input type="checkbox"/> Walkout Lower Levels (Requires Zoning Permit) |
| | <input type="checkbox"/> Existing Beach Maintenance |
| | <input type="checkbox"/> Wetland Zoning District |

BASIC REQUIREMENTS OF A SHORELAND ALTERATION PERMIT!

1. The smallest amount of bare ground shall be exposed for as short a time as feasible.
2. Temporary ground cover shall be used and permanent cover shall be established and maintained.
3. Diversion, silting basin, terraces and other methods shall be used to minimize runoff and erosion.
4. Fill shall be stabilized.
5. "(SEE ARTICLE IX VILAS COUNTY SHORELAND ZONING FOR MORE INFORMATION ON LAND DISTURBANCE.)"

WETLAND INFORMATION

NOTICE: You are responsible for complying with State and Federal laws concerning 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 wetland identification page <http://dnr.wi.gov/wetlands/locating.html> or contact a Department of Natural Resources Service Center.

OTHER PERMIT REQUIREMENTS

OTHER PERMITS

Army Corp of Engineers	Yes	No
Wisconsin D.N.R.	Yes	No
Erosion Control Plan	Yes	No
Stormwater Plan	Yes	No
Tree Cutting Plan	Yes	No
Mitigation	Yes	No
Vegetative Cutting Permit	Yes	No
Town Permit	Yes	No
Town Permit Number _____		

SANITARY PERMIT

Sanitary Permit	Yes	No
Soil Test	Yes	No
Sanitary Permit # _____		

EXTERIOR PLUMBER

Name: _____
 Address: _____

 Phone No. :() _____

CONTRACTOR

Name: _____
 Address: _____

 Phone No.: () _____

OFFICE USE ONLY

PERMIT FEES

Structure #1	\$ _____
Structure #2	\$ _____
Structure #3	\$ _____
Structure #4	\$ _____
After the Fact Fee	\$ _____
Shoreland Alteration Fee	\$ _____
After the Fact Shoreland Alteration Fee	\$ _____
Mitigation Fee	\$ _____
Other	\$ _____
TOTAL FEE(S)	\$ _____

Check #
NAME ON CHECK

or Cash
PAYOR

OFFICE USE ONLY

ZONING OFFICE REMARKS

DATE _____ ZONING OFFICIAL INITIALS _____

Application Approved _____ 20____ Application Denied _____ 20____

Application Revoked _____ 20____

Approving Zoning Official _____

"YOU HAVE 30 DAYS TO APPEAL ANY DECISION BY THE VILAS COUNTY ZONING OFFICE TO THE VILAS COUNTY BOARD OF ADJUSTMENT."

"UNDER PENALTY OF LAW, NO CONSTRUCTION IS TO BEGIN WITHOUT A PERMIT APPROVAL AND A PERMIT CARD POSTED AT THE PROPERTY ENTRANCE."

VILAS COUNTY SITE PLAN REQUIREMENTS

Draw a site plan on the **NEXT PAGE OR A SEPARATE PIECE OF PAPER** to illustrate the following 7 requirements:

Failure to illustrate the 7 requirements **WILL RESULT IN THE PERMIT APPLICATION BEING RETURNED!**

Attach **SITE PLAN** to permit if illustrated on a separate piece of paper!

1. Draw lot and write in lot line dimensions.
2. Location, setback and name of lake(s), pond(s), river(s), stream(s).
3. Location, setback and dimensions of all existing structure(s), proposed structure(s), and/or structure addition(s).
4. Location, setback and dimensions of driveway.
5. Location, setback and name of bordering roads.
 Setbacks are from center of highway or town road to nearest structure. (Contact town for setback.)
6. Location of septic tank, drain field and setback to existing structure(s), proposed structure(s), or structure addition(s).
7. Location and setback of water well to structure(s), septic tank and drain field.

NOTE: ALL DISTANCES IN FEET **INDICATE NORTH WITH AN ARROW** ↑

Provide written directions to the property from the nearest major highway!

SITE PLAN

“(Include all items listed in the 7 steps on previous page)”

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to draw or provide a site plan as instructed in the text above it.

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="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#	Exp Date
Dwelling Contractor (Constr.)		
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)		
HVAC		
Electrical Contractor		
Electrical Master Electrician		
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 <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:	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRIC 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:	9. HVAC EQUIP. <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:	12. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar Geo</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 Geo	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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2. AREA INVOLVED (sq ft) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Unit 1</th> <th style="width:15%;">Unit 2</th> <th style="width:15%;">Total</th> </tr> </thead> <tbody> <tr> <td>Unfin.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck/Porch</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck/Porch				Totals				4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)	14. EST. BUILDING COST w/o LAND \$ _____
	Unit 1	Unit 2	Total																															
Unfin.																																		
Bsmt																																		
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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 second page 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 <input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____	State-Contracted Inspection Agency#: _____	Municipality Number of Dwelling Location _____
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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		Email: _____
Total \$ _____	<input type="checkbox"/> Erosion Control		

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing jurisdiction, which is usually your municipality or county. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. **Please type or use ink and press firmly with multi-ply form.**

PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

PROJECT LOCATION

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site).
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (involved in project):
 - Basements - include unfinished area only
 - Living area - include any finished area including finished areas in basements
 - Two-family dwellings - include separate and total combined areas
3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
10. Sewage - Indicate if the dwelling will be served by municipal sewer or privately owned treatment system. If a private system is used, include the Sanitary Permit number. Note: A building permit cannot be issued for a new dwelling that utilizes a privately owned wastewater treatment system until a sanitary permit has been issued. This applies to any new or existing private onsite wastewater treatment system that will be used by the dwelling.
13. Heat Loss – Provide heat loss summation data (BTUs/HR) derived from the ResCheck report or the "Heating System Sizing Summary Calculator" available on the Division's website: <http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/One-and-Two-Family-UDC>.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

SIGNATURE – The owner or the contractor's authorized agent shall sign and date this application form. 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.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

(Part of Ply 4 for Applicants)

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 stormwater management standards, and will comply with those standards.

Owner's Signature: _____ Date: _____