

Town of Grand Rapids
2410 48th St. S
Wisconsin Rapids, WI 54494
(715)-424-1821

For obtaining "permits" for **REMODELING OR AN ADDITION TO A DWELLING**, the following must be done before the inspector can issue the permit:

1. One complete set of Building Plans

Plans shall contain the following:

For Additions:

- a. *Plot plan* showing the location of the building on relation to other buildings, wells, surface waters, property lines, and septic systems.
- b. *Erosion Control Plan* showing how much the site slopes and direction of slopes with numerical indication on slopes over 12%. The erosion control plan shall also show all planned erosion control measures, for example: silt fences, straw bales, water diversion plans, gravel access drive, soil piles from excavation, etc.
- c. *Floor plans* for each floor level that show the size and location of all rooms, doors, windows, structural features, exits, and stairs. The use of each room shall be indicated. Show the location of plumbing fixtures, chimneys, and heating and cooling appliances and planned R-values of insulation for the foundation, exterior walls, and ceilings.
- d. *Elevations*, which show the exterior appearance of the building indicating the location, size and configuration of doors, windows, roof, chimneys, exterior grade, footing and foundation walls, and include the type of exterior finish.

For Remodeling:

The same items in c. and d. listed above

- 2 Permit Fees and other municipal fees that may be required at the time of construction.
3. Sanitary and/or Land Use permit from Wood County Planning and Zoning office if adding a bedroom or if the property is in the "Shoreland Area" (within 300 feet of a stream or within 1000 feet of a lake)
4. Permit Applications for each type of work being done (i.e. Building, Electrical, Plumbing, or HVAC) and associated permit fees.
5. Proof of State Certification as a building contractor and the name and certification number of the Dwelling Contractor "Qualifier" for the business. As an option the Homeowner may take out the building permit, but the owner would have to sign a "Cautionary Statement". See attached

Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		Building Permit Application	Permit # _____ Parcel # _____
--	--	--	--------------------------------------

Project Type:	<input type="checkbox"/> Addition or Remodel to Dwelling or Duplex	<input type="checkbox"/> Residential Acc. Building / Garage	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
Project Address:			Subdivision:	Lot #:
Owners Name:				
Owners Address:			Home Phone #:	
			Cell Phone #:	
Contractors Name:			License #:	
Contractors Address:			Business Phone #:	
			Cell Phone #:	

Project Description

Current Zoning:				
Lot Area:				
Planned Setbacks:				
Front Rear				
Left Right				
Estimated Cost:				

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the building inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **Date:** _____

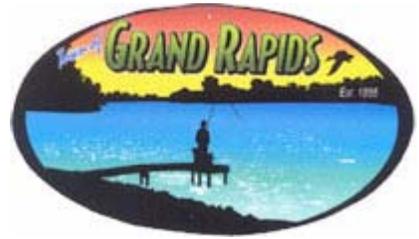
Approval Conditions: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Fee: &9702 **Date Pd.** _____ **Receipt #:** _____

Permit Issued By:

Name:	
Date Issued:	Tel. #
Certification No:	

TOWN OF GRAND RAPIDS
ZONING PERMIT INFORMATION
Related to One and Two Family Permits



Parcel # _____

APPLICANT _____

Phone _____ Address _____

OWNER* _____

Phone _____ Address _____

LOCATION (Address) _____

Legal Description _____

Zoning _____ Parcel Size _____

CURRENT USE

PROPOSED USE

.....**SITE** Improvements planned _____

~~.....~~ Parking _____

~~.....~~ Highway access _____

.....**EXISTING STRUCTURES** (Include size)

.....**DFCDCG98 GHFI 7HI F9G**

TOWN OF GRAND RAPIDS

Zoning Permit Information

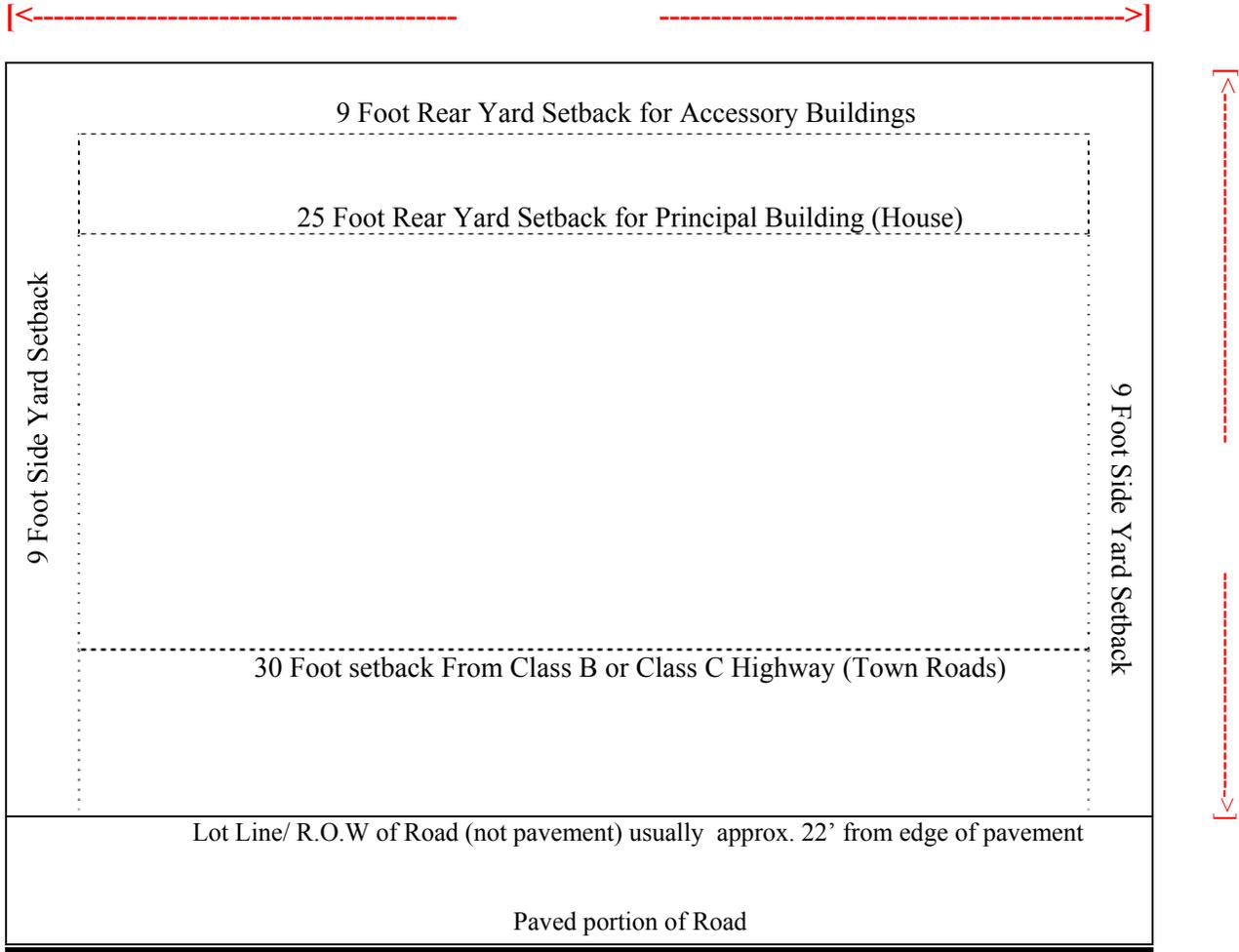
Page 2

Completion date _____

Septic system/Well/Drainage _____

OTHER INFORMATION

PLOT PLAN



Applicant _____ **Owner*** _____
(Signature) (Signature) *If Applicant is not the Owner

Date _____

Building Inspector/Zoning Administrator
2410 48th Street South • Wisconsin Rapids, WI 54494-7799
Phone (715) 424-1821 • Cell (715) 213-3264 • Fax (715) 424-0688

Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		<h2 style="color: red;">Electrical Permit Application</h2>	Permit # _____ Parcel # _____
--	---	--	--------------------------------------

Project Type:	<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Residential Garage / Acc. Bldg.	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
Project Address:			Subdivision:	Lot #:
Owners Name:				
Owners Address:	Home Phone #:			
	Cell Phone #:			
Contractors Name:			License #:	
Contractors Address:	Business Phone #:			
	Cell Phone #:			

Project Description

Service Panel Amperage:	
<input type="checkbox"/> Overhead <input type="checkbox"/> Underground	
Single Phase 3 Phase	
Voltage	
Estimated Cost:	

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the electrical inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **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.

Permit Fee: _____ **Date Pd.** _____ **Receipt #:** _____

Permit Issued By:

Name:
Date Issued: _____ Tel. # _____
Certification No:

Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		Plumbing Permit Application	Permit # _____
			Parcel # _____

Project Type:	<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
Project Address:			Subdivision:
Owners Name:			
Owners Address:			Home Phone #:
			Cell Phone #:
Contractors Name:			Master Plumber License #:
Contractors Address:			Business Phone #:
			Cell Phone #:

Project Description

Check each that will be installed		
<input type="checkbox"/> Clear water sump <input type="checkbox"/> Sanitary sump <input type="checkbox"/> Floor drain <input type="checkbox"/> Clothes washer <input type="checkbox"/> Laundry tub <input type="checkbox"/> Furnace condensate drain <input type="checkbox"/> Water conditioner	<input type="checkbox"/> Hose bib <input type="checkbox"/> Water closet <input type="checkbox"/> Lavatory <input type="checkbox"/> Bathtub <input type="checkbox"/> Shower <input type="checkbox"/> Mop sink <input type="checkbox"/> Rough in only	<input type="checkbox"/> Kitchen sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Bar sink <input type="checkbox"/> Refrigerator drain <input type="checkbox"/> Well pump <input type="checkbox"/> Water heater <input type="checkbox"/> Other: _____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the plumbing inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **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.

Permit Fee: _____ **Date Pd.** _____ **Receipt #:** _____

Permit Issued By:

Name:
Date Issued: _____ Tel. # _____
Certification No:

Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		HVAC Permit Application	Permit # _____
			Parcel # _____

Project Type:	<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Residential Garage	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
Project Address:			Subdivision:	Lot #:
Owners Name:				
Owners Address:			Home Phone #:	
			Cell Phone #:	
Contractors Name:			License #:	
Contractors Address:			Business Phone #:	
			Cell Phone #:	

Project Description

<input type="checkbox"/> New Furnace <input type="checkbox"/> Central Air	
<input type="checkbox"/> Bathroom Exhaust	
<input type="checkbox"/> Clothes Dryer Exhaust	
<input type="checkbox"/> Other: Describe	
Estimated Cost:	

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the HVAC inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **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.

Permit Fee: _____ **Date Pd.** _____ **Receipt #:** _____

Permit Issued By: _____

Name:
Date Issued: _____ Tel. # _____
Certification No: _____

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 <http://dhs.wisconsin.gov/lead/WisconsinRRPRule.htm> for details of how to be in compliance

Wetlands Notice to Permit Applicants

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

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

Owner's Signature: _____ Date: _____