

Town of Grand Rapids

Residential Building Permit information

This is a partial listing of zoning ordinance regulations for the Town of Grand Rapids.
Please contact the Zoning Administrator if you have any questions at 715.424.1821

County Zoning Permit is needed if your building project is within 1,000 feet of a lake or 300 feet of any navigable stream. Please contact Wood County Planning and Zoning – 715.421.8466

Grand Rapids Building Permit Applications are required for each type of work being done (i.e. building, electrical, plumbing, or HVAC).

Plot Plan showing the location of the project in relation to other buildings, wells, property lines and septic systems

Building Floor Plan showing any additions or changes being made.

Signed Cautionary Statement if the owner is taking out the building permit. Other than the property owner, only a contractor with State Certification may obtain permits for work on one and two family dwellings.

Maximum building height:

Principal building 35 ft. Accessory building 18 ft.

Minimum rear yard setback:

Principal buildings 25 ft. Accessory buildings 9 ft.

Minimum side yard setback:

Principal buildings 9 ft. Accessory buildings 9 ft.

Maximum lot coverage:

Principal buildings 30%

Accessory buildings 5% (Up to 2 accessory building allowed per lot under 5 acres)

52.3(F) Setback:

No building or structure shall be placed, within the following setback areas:

Class A (state or federal) highway setback shall be 110 feet from the centerline of the highway or 50 feet from the right-of-way line, whichever is greater.

Class B (county) highway setback shall be 63 feet from the centerline of the highway or 30 feet from the right-of-way line, whichever is greater.

Class C (town) highway setback shall be 63 feet from the centerline of the highway or 30 feet from the right-of-way line, whichever is greater.

52.3(J)(4) Fence

Location: Except in the Agricultural District, no fence or wall shall be erected along property lot lines with any portion closer than 12 inches to the lot line, except that a fence or wall may be erected on the property line by mutual agreement, in writing, of the adjoining property owners.

Fences or walls located within the setback area of any lot or side yard fronting any street shall not exceed 2 ½ feet in height, except that "Open" fences such as chain link or split-rail may be erected within setback areas. No fence may be erected within road right-of-way without Town Board approval. **Appearance:** The more aesthetically pleasing side must be placed toward the adjacent property. Maximum height of 6 feet from finished grade to top of fence. **Prohibited Fences:** Barbed wire, spike or picket fences, except those with round tops, are prohibited, except that barbed wire fences may be erected in Agricultural and Manufacturing zones. Barbed wire fences in Agricultural Districts may be on the property line. In Manufacturing Districts, fences must be at least 12 inches from any lot line. **Swimming Pool Fences:** All permanent outdoor swimming pools shall be enclosed to a height of not less than five feet and guarded against accidental trespassers or frequenters. (Above ground pools are not required to be fenced if they have removable ladders.)

Dog Enclosures: Kennels and dog runs shall be at least 9 feet from any lot line.

Permits: A permit is required for all fences and walls including dog runs, except that no permit is required for agricultural wire fences and open wire fences erected in other districts solely to keep out animals.

Aluminum and Vinyl Storage Structures

a) Building/Land Use Permit required.

b) Property owner is required to maintain the structure. If damaged, it must within 30 days be removed or repaired with the same type/color material.

c) Only one aluminum or vinyl structure is allowed on a residentially-zoned parcel.

d) Maximum size for an aluminum or vinyl storage structure on a residentially zoned parcel is 400 sq. ft.

Driveways are not permitted within five (5) feet of any side or rear lot line.



Town of Grand Rapids
 2410 48th St. S. Wisc. Rapids, WI 54494
 Office: 715.424.1821 Fax: 715.424.0688
 Effective 07/13/2021

One and Two Family Dwellings and Additions

Manufactured dwellings with Insignia affixed, shall be 2/3 of the normal fee for any closed panel manufacturing area and full fees for site built areas.

_____ Total sq. ft. x .11 per sq. ft. (\$75.00 min) (Include decks, garage, all living space)	=	_____
_____ sq. ft. Electrical x .03 per sq. ft. + \$30.00	=	_____
_____ sq. ft. Plumbing x .03 per sq. ft. + \$30.00	=	_____
_____ sq. ft. HVAC x .03 per sq. ft. + \$30.00	=	_____
_____ Erosion Control @ \$75.00	=	_____
_____ State Seal (New Home Only) @ \$35.00	=	_____
_____ Slab Foundation @ \$200.00 (if no basement)	=	_____
_____ Driveway @ \$50.00	=	_____
		Total Fee = _____

Alterations, Accessory Structures, Pools or Ag Buildings

Sheds 100 sq. ft. or less are exempt from a building permit requirement, Zoning Permit Only

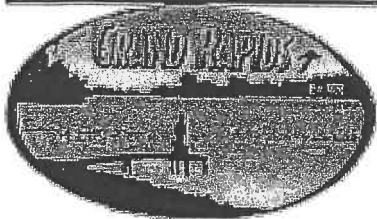
_____ sq. ft. Accessory Structure x .11 per sq. ft. (\$40.00 min)	=	_____
_____ sq. ft. Electrical x .03 per sq. ft. + \$30.00	=	_____
_____ sq. ft. Plumbing x .03 per sq. ft. + \$30.00	=	_____
_____ sq. ft. HVAC x .03 per sq. ft. + \$30.00	=	_____
_____ sq. ft. Deck/Porch x .11 per sq. ft. (\$40.00 min)	=	_____
_____ Electrical Service Upgrade @ \$55.00	=	_____
_____ Generator/Transfer Switch @ \$95.00	=	_____
_____ Swimming Pool (above & below ground) @ \$44.00 + 40.00 Electrical	=	_____
_____ Misc. Projects @ \$40.00	=	_____
_____ (fence, furnace, some plumbing, some electrical, air condition, hot tub, vinyl/metal)		
_____ Solar Panels @ \$95.00	=	_____
_____ **Est. Cost of Alterations /\$1000 x \$5.50 (\$40.00 min)	=	_____
_____ ** If sq. ft. is unavailable, use this formula		Total Fee = _____

Commercial Structure or Alteration

_____ Total sq. ft. x .11 per sq. ft. New Structure or Addition (\$100.00 min)	=	_____
_____ Total sq. ft. x .11 per sq. ft Slab Foundation	=	_____
_____ sq. ft. Electrical x .04 per sq. ft. + \$30.00	=	_____
_____ sq. ft. Plumbing x .04 per sq. ft. + \$30.00	=	_____
_____ sq. ft. HVAC x .04 per sq. ft. + \$30.00	=	_____
_____ Erosion Control @ \$75.00	=	_____
_____ Electrical Service Upgrade @ \$75.00	=	_____
_____ **Est. Cost of Alterations /\$1000 x \$7.70 (\$100.00 min)	=	_____
_____ ** If sq. ft. is unavailable, use this formula		Total Fee = _____

Additional Fees

_____ Temporary Occupancy Permit: \$55.00	=	_____
_____ Early Start Permit: \$50.00	=	_____
_____ Reinspect Fee: \$30.00 per inspection	=	_____
_____ Outdoor Woodburner: \$40.00	=	_____
_____ Razing Fee: \$55.00	=	_____
_____ Special Service Inspection Fee: \$57.50/hr	=	_____
		Total Fee = _____



Town of Grand Rapids

2410 48th Street South
 Wisconsin Rapids, WI 54494
 Ph: (715) 424-1821 • Fax: (715) 424-0688

Residential Project Permit Application

For Office Use Only

Date:	Total Project Cost/Square Footage:	Total Permit Fee:	Parent Permit #:
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PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

BUILDING:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Dwelling Contractor License Number:	Dwelling Contractor Qualifier:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

ELECTRICAL:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Electrical Contractor:	Master Electrician Number (New Home Construction Only):	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

PLUMBING:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Plumbing Contractor:	Master Plumber Number (New Home Construction Only):	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

HVAC:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	HVAC Contractor Number:	HVAC Qualifier Number:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

I certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I understand that I am subject to 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. 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 understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspection are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

Applicant (Sign): _____ Print: _____ Date: _____



Town of Grand Rapids

2410 48th Street South
 Wisconsin Rapids, WI 54494
 Ph: (715) 424-1821 • Fax: (715) 424-0688

Residential Project Permit - (Page 2) Supplemental Information

BUILDING PERMIT SUPPLEMENTAL INFORMATION:		Parcel#	
Current Zoning:	Lot Area:		
Planned Setbacks:	Front:	Rear:	Left: Right:
Project Description:			

ELECTRICAL PERMIT SUPPLEMENTAL INFORMATION:
Service Panel Amperage: _____
Voltage: _____
Check One for each of the following:
1) Overhead _____ Underground _____
2) Single Phase _____ Three Phase _____

PLUMBING PERMIT SUPPLEMENTAL INFORMATION:																					
Check each that will be installed:																					
<table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Clear Water Sump</td> <td style="width: 33%;"><input type="checkbox"/> Hose Bib</td> <td style="width: 33%;"><input type="checkbox"/> Kitchen Sink</td> </tr> <tr> <td><input type="checkbox"/> Sanitary Sump</td> <td><input type="checkbox"/> Water Closet</td> <td><input type="checkbox"/> Dishwasher</td> </tr> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Lavatory</td> <td><input type="checkbox"/> Bar Sink</td> </tr> <tr> <td><input type="checkbox"/> Clothes Washer</td> <td><input type="checkbox"/> Bathtub</td> <td><input type="checkbox"/> Refrigerator Drain</td> </tr> <tr> <td><input type="checkbox"/> Laundry Tub</td> <td><input type="checkbox"/> Shower</td> <td><input type="checkbox"/> Well Pump</td> </tr> <tr> <td><input type="checkbox"/> Furnace Condensate Drain</td> <td><input type="checkbox"/> Mop Sink</td> <td><input type="checkbox"/> Water Heater</td> </tr> <tr> <td><input type="checkbox"/> Water Conditioner</td> <td><input type="checkbox"/> Rough In Only</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Clear Water Sump	<input type="checkbox"/> Hose Bib	<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Sanitary Sump	<input type="checkbox"/> Water Closet	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Bar Sink	<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Refrigerator Drain	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Shower	<input type="checkbox"/> Well Pump	<input type="checkbox"/> Furnace Condensate Drain	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Water Conditioner	<input type="checkbox"/> Rough In Only	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Water Conditioner	<input type="checkbox"/> Rough In Only	<input type="checkbox"/> Other: _____																			

HVAC PERMIT SUPPLEMENTAL INFORMATION:
Check each that will be installed:
1) <input type="checkbox"/> New Furnace
2) <input type="checkbox"/> Central Air
3) <input type="checkbox"/> Bathroom Exhaust
4) <input type="checkbox"/> Clothes Dryer Exhaust
5) <input type="checkbox"/> Other (please describe): _____

TOWN OF GRAND RAPIDS

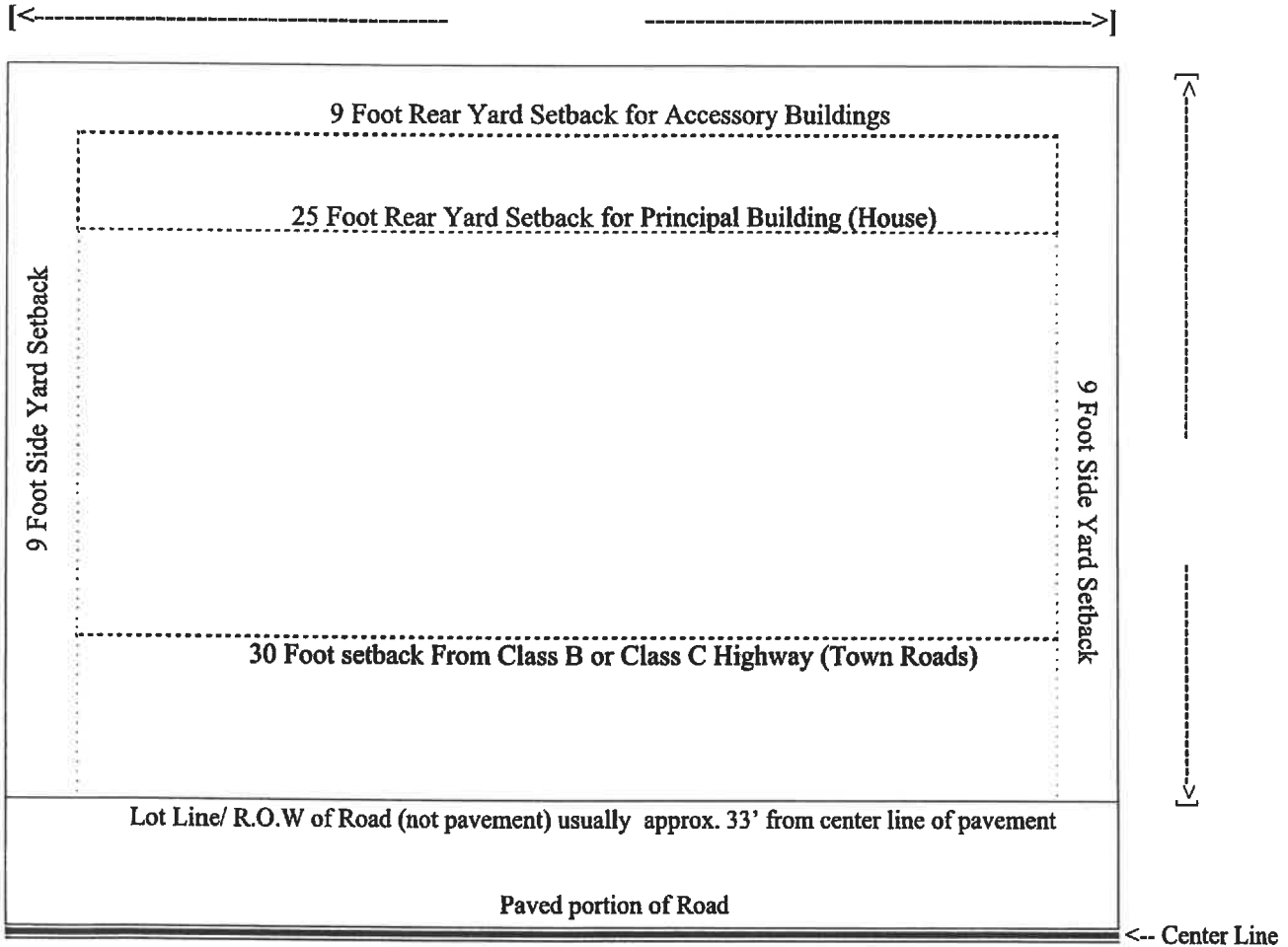
Residential Project Permit Information

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OTHER INFORMATION

*Applicant shall check property Certified Survey Map (CSM) to certify exact dimensions

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