

NEW ONE & TWO FAMILY PERMIT REQUIREMENTS

- State permit application fully filled out with certification numbers, addresses, and telephone number
- HVAC permit application filled out
- Electrical permit application filled out
- Plumbing permit application filled out
- Plumbing permit application filled out for sewer & water by utility contractor (if not same as plumber)
- Zoning permit application
- Impact Fee permit application
- 2 copies of plans in scale
- 2 copies of survey in original size with driveway shown
- 1 copy of heat calculations

EARLY START PERMIT REQUIREMENTS

- State permit application with Building Contractor information filled out
- 2 copies of foundation plans
- 2 copies of survey in original size with driveway shown

NOTE: Permit <u>will not</u> be processed without all of the above items submitted at the same time. Permits are processed in the order that completed application packets are received.

Services	V\	/isconsin Pormi				g		Applica	ation No	•		
Industry Services Division Wisconsin Stats. 101.63, 101.73	Instructions on b		oly. The	e informa	tion you p			Parcel 1	No.			
DEDMIR DEGLIEGED	used by other gove				-			. 1	0.1			
PERMIT REQUESTED Owner's Name		HVAC E	Electr	1C P	lumbing	g Eros	ion C	ontrol	Othe Tel.	er:		
FYL LLC.		43 S Wate	r St I							<mark>723</mark>	.1317	7
Contractor Name & Type	I	Lic/Cert#	M	Iailing Ad	ldress				Tel. &	k Fax		
Dwelling Contractor (Constr.) Brent Rouse									262	315	5-128	0
Dwelling Contr. Qualifier					•	Qualifier sha						
HVAC			C	EU, CUB	or employ	ee of the D	weining	Contr.				
T.B.D.												
Electrical T.B.D.												
Plumbing												
T.B.D. PROJECT Lot area	One acre or mo	ore of Town	Villag	ge City o	f							
LOCATION 4,670sf Sq.f	soil will be distur					1/4, 1/4	4, of Se	ction	, T	N	, R	_E/W
Building Address 640 West Main Street		unty alworth			Subdivisio	n Name			Lot No		Block	No.
Zoning District(s)	Zoning Permit N		Setb	acks:	Front		ear		eft		Right	
CB - Central Business 1. PROJECT	3. OCCUPANCY	6. ELECTR	IC	O HWA	Oft C EQUIP.	ft. 1	Oft	ft. 0	<u>ft</u>	ft.	Oft	ft.
New Repair	Single Family	Entrance Pan		Furnac		Fuel	Nat		Oil	Elec	Solid	Solar
Alteration Raze Addition Move	Two Family Garage	Amps: Undergrou	nd	Radiar Heat P	nt Basebd	Space Htg	Gas					Geo
Other:	Other:	Overhead	ind	Boiler	·	Water Htg	$\perp \hat{\chi}$					
2. AREA INVOLVED (sq ft)	4. CONST. TYPE	7.WALLS Wood Frag	ma	Centra Firepla			Ť					
Unit 1 Unit 2 Total	Site-Built	Steel	ше	Other:		13. HEAT	LOSS					
Unfin. 350sf	Mfd. per WI UD	C ICF				67.00	22					
Bsmt	Mfd. per US HUD	Timber/Po	ole	10. SEV		67,30 Envelope a					Fotal Ca	
Living 2955sf		Other:		Munic		Building H						tai
Area	5. STORIES	8. USE Seasonal		Sanita	ry Permit#							
Garage Osf	1-Story	Permanen	•	11. WA	TFR	14. EST. B	ин ы	VC COST	rw/o I Al	ND		
Porch 700sf			·			14. £51. £	CILDI	id Cobi	WOLA	(L)		
Totals 4005sf	Other: Plus Basement	Other: Vacation	Rent	Munio		\$ 400,0	ററ					
I understand that I: am subject to all appli						Ŷ		the last ply	v of this f	orm: a	m subie	et to
any conditions of this permit; understand	hat the issuance of thi	is permit creates n	o legal l	liability, ex	xpress or im	plied, on the	state or r	nunicipali	ty; and ce	rtify t	hat all th	e above
information is accurate. If one acre or mor management and the owner shall sign the	statement on the back	of the permit if no	ot signir	ng below.	I expressly	grant the build	ding inst	pector, or	the inspec	ctor's a		
permission to enter the premises for which I vouch that I am or will be an owner	this permit is sought -occupant of this dw	at all reasonable belling for which	ours an	nd for any population of the p	proper purpo an erosion	ose to inspect control or co	the worl	k which is ion permi	being do it withou	ne. t a Dv	velling	
Contractor Certification and have read						the reverse si					Ü	
APPLICANT (Print:) Ryar	Schultz	Si	ign:_<	4		1, 1		I	DATE)5/2	2/201	17
APPROVAL CONDITIONS	This permit is is:	sued pursuant to the				ire to comply approval.	may res	ult in susp	ension or	revoc	ation of	this
	permit of other p	charty. See a	ittaciic	u ioi con	iditions of	арргочан.						
ISSUING Town of	Village of City of	County of St	tate→		ontracted Ins	spection N	Iunicipa	lity Numb	er of Dw	elling	Location	1
JURISDICTION				Agency#	# :							
FEES:	PERMI	T(S) ISSUED	WIS F	PERMIT S	SEAL#	PERMIT IS	SUED 1	BY:		·		
Plan Review \$ Inspection \$		struction				Name						
Wis. Permit Seal \$	Elec	etrical										
Other \$	Plun	nbing sion Control				Date		Tel				
Total \$						Cert No						

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 contactor, 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. Plumbing A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private onsite wastewater treatment system.
- 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.

<u>INSPECTORS: PLEASE RETURN SECOND PLY WITHIN 30 DAYS AFTER ISSUANCE TO</u> (You may fold along the dashed lines and insert this form into a window envelope.):

Industry Services Division PO Box 7302 Madison WI 53707-7302

(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 and will comply with those standards.

Owner's Signature: Date: 05/22/2017

Contractor Credential Requirements

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Industry Services. Contractors are also required to only subcontract with contractors that hold the appropriate contractor credentials.



Permit Number	
	City use only

ONE & TWO FAMILY ELECTRICAL PERMIT APPLICATION

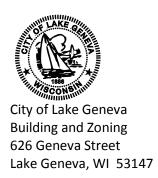
Located at: Address: 640 West Main Street	Tax ID / Parcel Number(s): 00306
Principal Structure ☐ New ☐ Addition ☐ Alteration ☐ Update / Extension	Accessory Structure New Addition (Exterior Decks) Alteration Update / Extension
 New Electric ServiceAmp □ U/G □ O/H Update Electric ServiceAmp From: □ U/G Electric Sub-PanelAmp \$50.00 Generator \$75.00 Electric Wiring Extension / Rewiring Electric Pool, Hot Tub, Pond \$50.00 	
Estimated Value of Electrical Project: \$_T.B.D.	
Property Owner: Company: FYL LLC. Print Name: Letitia Erdman Signature: Address: 43.6 Water St E Fort Atkinson, WI 53589 City State Zip Phone: (920)723.1317	Contractor: Company:T.B.D. Print Name: Signature: Address: City State Zip Phone:()
	Contractor License #
Building Inspector Approval:	Date: Fees:



Permit Number	
	City use only

ONE & TWO FAMILY HVAC PERMIT APPLICATION

I (We), the undersigned do hereby submit an application for a	a permit for the property:
Located at:	T 12/2 12 1 1 1 00206
Address: 640 West Main Street	Tax ID / Parcel Number(s): 00306
Principal Structure	Accessory Structure
□ New	□ New
☐ Addition	Addition (Exterior Decks)
	Alteration
☐ Update / Extension	☐ Update / Extension
☐ New Furnace	
☐ Update FurnaceBTU	
□ New BoilerBTU	
☐ Update BoilerBTU	
☐ Heat Pipe Extension sq.ft.	
☐ Air Conditioning Unit 5 Ton	
Heat Pipe Extension \$2/100 sq.ft., Minimum \$50.00 Permanently installed wall unit \$20.00 flat fee A/C units \$50.00 each	
Estimated Value of HVAC Project: \$	
Property Owner:	Contractor:
Company: FYL LLC.	Company: <u>T.B.D.</u>
Print Name: Letitia Erdman	Print Name:
Signature:	Signature:
Address: 43 8 Water St E	Address:
Fort Atkinson, WI 53589	City Chata 7ia
City State Zip	City State Zip
Phone: (920)723.1317	Phone:()
	Contractor License #
Building Inspector Approval:	Date: Fees:



Permit Number	
	City use only

ONE & TWO FAMILY PLUMBING PERMIT APPLICATION

Located at:		n for a permit for the property:
Address: 640 West Ma	in Street	Tax ID / Parcel Number(s): 00306
Principal Structure ☐ New ☐ Addition ☐XAlteration		Accessory Structure New Addition (Exterior Decks) Alteration
# Water Closets / Bidets 8 # Kitchen Sinks 1 # Laundry Sinks 1 # Hose Bibs 2 # Sewer Ejector Pit # Sewer Lateral 35 ft	☐ # Showers / · ☐ # Dishwashe ☐ # Clothes Wa	ashers 1
Total # of Fixtures 30		
Fees: \$12.00/fixture, \$50.00 Minir	mum, Laterals \$50.00) each
Estimated Value of Plumbing Proje	ct: \$	
	ct: \$	Contractor:
Property Owner:		
Property Owner: Company: Print Name:		Contractor: Company: Print Name:
Property Owner: Company: Print Name: Signature:		Contractor: Company: Print Name: Signature:
Property Owner: Company: Print Name: Signature:		Contractor: Company: Print Name:
Property Owner: Company: Print Name: Signature: City State Phone: City State	Zip	Contractor: Company: Print Name: Signature:



Building and Zoning 626 Geneva Street Lake Geneva, WI 53147

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This project Site and Co	nditional N	Use Office 2017 Plan	4
Site and Commissing (Commissing Wasn't St	Meetin Meetin	ed to fill thi	is out
Wasn't s	المستورين		

Permit Number	
	City use only

ZONING PERMIT APPLICATION

Property located at:	
Address: 640 West Main Street	Tax ID / Parcel Number(s): <u>00306</u>
Tenant Space	<u> </u>
Owner FYL LLC. Address 43 S Water St E Fort Atkinson, WI 53589 Telephone 920.723.1317 TO THE ZONING ADMINISTRATOR: The under as shown on this application. The undersigne and all other ordinances of the City of Lake G premises. I expressly grant the zoning admini	Applicant Address Address Address Address Address Madison, WI 53715 Telephone 773.425.6456 Telephone or a permit to do work herein described and located and agrees that all work done will be in accordance with the zoning ordinance of the state of Wisconsin, applicable to said istrator, or the zoning administrator's authorized agent, permission to enterpression and the state of the sta
which is being done.	at all reasonable hours and for any proper purpose to inspect the work
Signed	Agent/ Owner
 contain the following information drawn to see Provide survey showing dimensions at Location of all existing and proposed Location of the ordinary high waterm floodplains and floodways, Existing and proposed topographic are Location of existing or future access re 	and area of the lot, structures with distances measured from the lot lines, nark or any abutting navigable waterways, boundaries of all wetlands, and drainage features and vegetative cover,
Estimated Cost of Proposed Site Improvements:	ents \$Conditionally Approved (date)
	Signed
	Zoning Administrator

CITY OF LAKE GENEVA IMPACT FEES PAYMENT FORM

Date: 05.2	22.2017		_	Pern	nit No.		
					-	(Utility C	ommission Use Only)
Property Owner:	FYL L	LC.				Phone #:	920.723.1317
Mailing Address:	43 S Wa	ater St E	=				
J	Street						
	Fort Atk		VI 53589 ode				
00	306				C40 Wes	at Main C	tro at
	(Parcel/Ta	x Key#)			640 Wes	St Main St (Parcel A	
Impact	Fee Area:		Old				New
REU		Met	ter Size		Met	ter Size	
Residentia	I_X	Com	mercia	l	Ind	dustrial	
Applicant:			ingDesig	ın (Ryan Sch	ultz)	Phone:	773.425.6456
(If different than	owner)	Name 312 V	V. Lakes	ide			
		Street					
			son, WI 5				
		City, State	and Zip Cod	de			
IMPAC	T FEES:						
		Park	\$	HOUSE CO.			
		Sewer	\$				
		Water	\$				
				Wate	er/Sewe	r Total	\$
						Park	
		>(1.41	7	otal Ar	nt Due	
Signature of Applicant						-	773.425.6456
Payment Rec'd by			 	· ·	R	eceipt No	
Сору:	Applicant			Bldg Insp			Utility Dir