

Village Code _____	VILLAGE OF WESTON UNIFORM BUILDING PERMIT APPLICATION <small>(Used for New Commercial & Multi-Family Residential and Residential & Commercial Additions/Remodels)</small>	Application No. _____
PIN # _____		Parcel No. _____

PERMIT REQUESTED	<input type="checkbox"/> Const. <input type="checkbox"/> HVAC <input type="checkbox"/> Elect. <input type="checkbox"/> Plumb. <input type="checkbox"/> Erosion Ctrl. Other: _____
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Owner's Name _____	Mailing Address _____	Tel. _____
Contractor's Name: <input checked="" 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 checked="" type="checkbox"/> Plbg	Lic/Cert# _____	Mailing Address _____
		Tel. _____
		FAX _____
Contractor's Name: <input type="checkbox"/> Con <input checked="" 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 checked="" type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert# _____	Mailing Address _____
		Tel. _____
		FAX _____

PROJECT LOCATION	Lot area _____ Sq. ft.	_____ ¼, _____ ¼, of Section _____, T _____ N, R _____ E (or) W
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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 _____	NatGas _____	LP _____	Oil _____	Elec _____	Solid _____	Solar _____
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: <input type="checkbox"/> WI UDC <input type="checkbox"/> US 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"/> Septic 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. BUILDING 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. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. 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.

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. See attached for conditions of approval.

A LICENSED ELECTRICIAN MUST DO ALL ELECTRICAL WORK.

Water & sewer lines must be installed before foundation footing is placed. Fill under footing must be mechanically compacted.

ISSUING JURISDICTION	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: _____ WESTON	Municipality Number of Dwelling Location 37 - 192
FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Other: \$ _____ Total \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion	Name: Shaun Scott Tatro Date: _____ Tel. (715) 241-2620 Cert No.: 170565

Distribution: Ply 1 - Building File Ply 2 - Assessor Ply 3 - Applicant

PERMIT NUMBER _____

VILLAGE OF WESTON ELECTRICAL PERMIT APPLICATION
INDUSTRIAL, COMMERCIAL & MULTIFAMILY

DATE OF APPLICATION _____

CONTRACTOR _____ PHONE NO. _____

ADDRESS _____

BUSINESS NAME _____ SITE ADDRESS _____

PROPERTY OWNER _____ PHONE NO. _____

ADDRESS _____

PERMIT FEE CALCULATIONS

NEW CONSTRUCTION OF APARTMENTS, ROW HOUSING, OR MULTIFAMILY DWELLINGS <i>(THREE FAMILY AND OVER)</i> <i>(or remodeling & additions thereto)</i>	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$.06/SQ. FT.	_____
NEW CONSTRUCTION OF LOCAL BUSINESS, INSTITUTIONAL, OR OFFICE BUILDINGS <i>(or additions, remodeling & build-outs)</i>	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$.07/SQ. FT.	_____
NEW CONSTRUCTION OF MANUFACTURING AND INDUSTRIAL BUILDINGS <i>(or additions, remodeling & build-outs)</i>	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$.04/SQ. FT.	_____
NEW CONSTRUCTION OF WAREHOUSES <i>(or additions, remodeling & build-outs)</i>	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$.03/SQ. FT.	_____
NEW CONSTRUCTION OR ADDITIONS TO STORAGE UNITS & BUILDING SHELLS	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$.02/SQ. FT.	_____
			AMOUNT
MINIMUM ELECTRICAL PERMIT FEE \$40.00 <i>(if calculated amount is less than \$40.00)</i>			_____
			AMOUNT
SPECIAL INSPECTION OTHER THAN LISTED	\$61.00/ HOUR		_____
RE-INSPECTION FEE	\$61.00		_____

ELECTRICAL SERVICES NEW AND UPGRADE

CHECK ONE

COMMERCIAL SERVICE WITH ONE METER

- 100-200 AMPS, SINGLE METER \$40.00 _____
- 400 AMPS, SINGLE METER \$50.00 _____
- 600 AMPS, SINGLE METER \$75.00 _____
- 800 AMPS, SINGLE METER \$100.00 _____
- 1000 AMPS & LARGER , SINGLE METER \$125.00 _____

MULTIPLE METERING, SIZE OF SERVICE WITH ONE METER(FEE) +
\$6.00 TIMES NUMBER OF ADDITIONAL METERS

# OF ADDITIONAL METERS	X \$7.00	ADDITIONAL METER FEE
_____		_____

LABELING SCHEME FOR MULTIPLE METERING

SINGLE METER SERVICE _____ + ADDITIONAL METER FEE _____ AMOUNT FOR SERVICE _____

VOLTAGE _____ PHASE _____

SERVICE PATH (CHECK ONE) UNDERGROUND _____ OVERHEAD _____

OVERHEAD TO OVERHEAD _____ OVERHEAD TO UNDERGROUND _____ UNDERGROUND TO UNDERGROUND _____

IF NEW ELECTRICAL SERVICE INCLUDE WISCONSIN PUBLIC SERVICE WR# _____
(this number is needed for inspection of the service!)

Village of Weston 5500 Schofield Ave. Weston, WI 54476	<h1 style="margin: 0;">HVAC Permit Application</h1> <p style="margin: 0;">Commercial & Multifamily New Building & Alterations</p>	Application No. _____ <hr/> Parcel No. _____
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PERMIT REQUESTED	<input checked="" type="checkbox"/> HVAC Project Type: <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION
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Owner's Name	Mailing Address	Tel.
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Construction Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
			FAX

Heating & Air Conditioning Contractor's Name:	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.

New & Remodel Commercial & Multifamily (3 or more units) Buildings:

Square feet _____ Times \$.03 _____

Minimum permit fee \$50.00 _____

Replacement of Commercial & Multifamily Mechanical Equipment

Furnace Boiler Roof Top Unit Fireplace Air Conditioner Other: _____

Replacement of 1 to 3 units \$25.00 per unit. *Replacement of more than 3 units \$15.00 per unit.*

Calculation: number of units being replaced _____ Times fee from above \$ _____

Total Fee \$ _____

FEES ARE DOUBLED IF WORK IS STARTED PRIOR TO ISSUEANCE OF PERMIT!

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. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. 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.

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. See attached for conditions of approval.

Cost of Project: _____

ISSUING JURISDICTION	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location <h2 style="text-align: center; margin: 0;">37 - 192</h2>
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FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction	Name: Shaun Scott Tatro
Inspection \$ _____	<input checked="" type="checkbox"/> HVAC	Date: _____ Tel. (715) 241-2620
Other: \$ _____	<input type="checkbox"/> Electrical	Cert No.: 170565
Total \$ _____	<input type="checkbox"/> Plumbing	
	<input type="checkbox"/> Erosion	



Village of Weston 5500 Schofield Ave. Weston, WI 54476	<h1 style="margin: 0;">Plumbing Permit Application</h1> <p style="margin: 0;">Commercial & Multifamily New Building & Alterations</p>	Application No. <hr/> Parcel No.
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PERMIT REQUESTED	<input checked="" type="checkbox"/> Plumbing, Project Type: <input type="checkbox"/> NEW <input type="checkbox"/> ALTERATION
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Owner's Name	Mailing Address	Tel.
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Construction Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
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			FAX
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Plumbing Contractor's Name:	Lic/Cert#	Mailing Address	Tel.
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			FAX
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PROJECT LOCATION	Lot area _____ Sq. ft.	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W
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Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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Commercial Building Number of plumbing Fixtures _____ Times \$5.00 _____

Multifamily (3 or more units) Number of units _____ Times \$25.00 _____

Minimum permit fee \$50.00 _____

Plumbing fixtures are: Automatic Washer, Sink, Dishwasher, Water Closet, Shower, Lavatory, Laundry Tub, Mop Sink, Urinal, Bath Tub, Drinking Fountain, Water Heater, Sump & Sewerage Pumps.

FEES ARE DOUBLED IF WORK IS STARTED PRIOR TO ISSUEANCE OF PERMIT!

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APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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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. <input type="checkbox"/> See attached for conditions of approval.
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Water & sewer lines must be installed before foundation footing is placed. Fill under footing must be mechanically compacted.

Cost of Project: _____

ISSUING JURISDICTION	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location <h2 style="text-align: center; margin: 0;">37-192</h2>
-----------------------------	--	--

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction	Name: <u>Shaun Scott Tatro</u>
Inspection \$ _____	<input type="checkbox"/> HVAC	Date: _____ Tel. (715) 241-2620
Other: \$ _____	<input type="checkbox"/> Electrical	Cert No.: <u>170565</u>
Total \$ _____	<input checked="" type="checkbox"/> Plumbing	
	<input type="checkbox"/> Erosion	



Fixture count work sheet

Automatic Washers	_____
Sinks	_____
Dishwashers	_____
Water Closets	_____
Showers	_____
Lavatories	_____
Laundry Tubs	_____
Mop Sinks	_____
Urinals	_____
Bath Tubs	_____
Drinking Fountains	_____
Water Heaters	_____
Sump Pumps	_____
Sewerage Pumps	_____
Total Fixtures	_____

Fee:

- \$150 – New Construction
- \$100 – Existing Building – Building Addition
- \$25 – Existing Building – Change of Use/Owner



Commercial Certificate of Occupancy & Zoning Permit Application

Please make fee payable to the Village of Weston

5500 Schofield Avenue, Weston, WI 54476

Phone: (715) 359-6114 Fax: (715) 359-6117

www.westonwisconsin.org

Date _____

Business Name _____ Phone # _____

Business Address _____ Suite/Unit # _____

Business Website (if applicable) _____ Fax # _____

Mailing Address if different _____ Zip Code _____

Business Owner Name _____ Phone # _____

Business Owner Address _____ Zip Code _____

Business Contact Name: _____ Email address: _____

Square footage of Space: _____ Do you: Rent Lease Own this space?

Property Owner Name _____ Phone # _____

Property Owner Address _____ Zip Code _____

Describe the proposed business and operational plans. (Feel free to submit on a separate sheet of paper) _____

Proposed date of opening _____

Days and hours of operation _____

Check all that apply:

- New Business Change of Business/Use change New Building Ownership change
- Existing Business – Building Addition Seasonal/Temporary (Dates of operation) _____
- Location Change - If so, previous address _____

Number of employees _____ Number of parking spaces available _____

Will there be outside storage of any materials or equipment? Yes No If so, please explain and provide a drawing of where these items will be placed on the property and how they will be screened from the road-right-of-way and adjoining property owners (please use back or add an additional sheet of paper):

Does the building have a fire suppression system? If so, what type _____

The Village of Weston Fire Department has a knoxbox program, which will allow emergency entrance of your building by authorized fire personnel via a key you provide located in the knoxbox outside your front entrance.

Would you like someone from the fire department to contact you concerning this program Yes No

Who should they ask to speak to: _____

Former business at this address _____

Will new signs be installed? Yes No If a sign is to be installed, a separate sign permit is required for each sign. If a sign contractor is to install the sign they must apply for the sign permit. If the sign is a lighted sign, an electrical permit is required to be applied for also as part of the sign permit application.

Name and Phone number of contact to arrange for inspection of building or leased space:

Name (please print) _____ Phone # _____

Two residential, local names & phone numbers of contact persons for Fire Department & EMPD to reach in case of fire or theft after hours:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

EXPLANATION AND PERMIT PROCESS

No new building and no existing building which is to be remodeled or relocated shall be issued a building permit until a zoning permits has been issued to certify that such construction or change would comply with the provisions of Chapter 94 (Zoning) and all state and local building codes. Buildings or spaces within buildings are not allowed to be occupied without a current Certificate of Occupancy issued in the name of the tenant occupying that building or space. Applications for a Zoning Permit and a Certificate of Occupancy shall be made to the Zoning Administrator prior to or at the same time as an application for a building permit or prior to the commencement of any use not involving a building permit.

THIS IS AN APPLICATION AND RECEIPT AND NOT A PERMIT TO OCCUPY THE BUILDING.

To arrange an inspection, please call (715) 241-2616. Calls will be returned within 24 hours if the inspector is not in. Occupancy inspections are conducted by appointment. Twenty-four hours notice is required for an inspection. Inspections will be made within 72 hours after the notification of the completion, erection, alteration or relocation of the building or of intent to commence a use. If the building and its intended use of the premises comply with the requirements of Chapter 94 (Zoning) and all State and local building codes, a Zoning Permit and a Certificate of Occupancy shall be issued. In some cases, a Temporary Certificate of Occupancy may be issued for a period not to

exceed 6 months during the completion of alterations or during partial occupancy of a building pending its permanent occupation. Such temporary permit shall not be issued except under such restrictions and provisions as will adequately ensure the safety of the occupants. A temporary permit shall be voided if the building fails to conform to the provisions of Chapter 94 (Zoning) to such a degree as to render it unsafe for the occupancy proposed. The Certificate of Occupancy will be mailed to the business at the mailing address provided and shall be posted in a conspicuous place at the site.

APPLICANT AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Village Ordinances and State Laws regulation zoning and building construction, electric installation and/or heating and air conditioning installation. I agree to comply with approved drawings and I understand that any deviation from the approved plans must be authorized by the approved of the revised plans, subject to the same procedure established for the examination of the original plans, and that an additional fee may be charged, predicated on the extent of the variation from the original plans. I also acknowledge that I am the property owner, or am authorized to act as the owner's agent in obtaining this permit. I acknowledge that permits with no inspection activity for 6 months shall be expired. Subsequent inspections will not be performed until permit has been renewed and payment of any additional fees has been completed. I understand that it is the responsibility of the owner/owner agent to call for all required inspections and that at least 24 hours notice is required for all inspections.

Signature _____ Printed Name _____ Date _____

This section for office use only

Date Application Filed _____ Fee Received _____ Check # _____

Application received by _____

Parcel ID # _____ PIN # _____ Village Code _____

Site Plan Approval Date (if applicable): _____

Present Zoning District _____ Is proposed business a permitted use by right? Yes No

Zoning Permit# _____ Approved by: _____ Date: _____

Is proposed business allowed per Conditional grant? Yes No N/A

Conditional Use Permit # (if applicable) _____ Date granted _____

Building Permit# _____ Approved by: _____ Date: _____

Date Applicant Requested Inspection _____ Staff Call back date (if applicable) _____

Date of Inspection _____ Inspected by: _____

Inspected by: _____

Comments _____

Certificate of Occupancy Approving Department Signatures

Zoning Department Signature _____ Date _____

Inspections Department Signature _____ Date _____

Fire Department Signature _____ Date _____

Date Temporary Certificate of Occupancy Issued (if applicable) _____

Date Temporary Certificate of Occupancy Expires (if applicable) _____

Temporary Certificate of Occupancy # (if applicable) _____

Date Certificate of Occupancy Issued _____

Date Certification of Occupancy mailed _____

Certificate of Occupancy # _____

Certificate of Completion mailed (if applicable) _____

EVEREST METROPOLITAN POLICE DEPARTMENT
 5303 MESKER STREET
 WESTON, WI 54476

BUSINESS CONTACT INFORMATION

Date:			
Business Name:			
Business Address:			Business Phone:
In an Emergency Call:			
1	Phone:	Alt Phone:	
2	Phone:	Alt Phone:	
3	Phone:	Alt Phone:	
4	Phone:	Alt Phone:	
Building Owner if Rented or Leased:			Phone:
Is your business equipped with an alarm?		Audible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Burglar <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitored by:		Phone:
Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	_____		_____
Other <input type="checkbox"/> Yes <input type="checkbox"/> No	_____		_____
Do you keep any hazardous materials at your business? If so describe:			



Commercial/Multi-Family Completion Surcharge

Village of Weston

5500 Schofield Avenue, Weston, WI 54476

Phone: (715) 359-6114 Fax: (715) 359-6117

www.westonwisconsin.org

A \$5000 Commercial/Multi-Family Completion Surcharge is collected at the time of building permit issuance. Per Section 94.117 of the Village Code of Ordinances, occupancy or use of land, water or buildings and structures shall be prohibited until a Certificate of Occupancy has been issued certifying that the final inspection shows no safety or health violations. New construction, including building additions, will be required to have all elements of site plan approval (Article V *Approval of Building, Site and Operational Plans*) completed prior to the Certificate of Completion being issued and the Completion Surcharge moneys returned. This includes lighting and landscaping. **If the Certificate of Completion is not issued within 12 months of the Certificate of Occupancy issuance date the \$5,000 surcharge fee is forfeited.** If it is issued before the 12 months have expired, the surcharge fee is returned.

Business Name _____ Phone# _____

Business Address _____ Suite/Unit# _____

Name and Address to return surcharge:

Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

This section for office use only

Date of Certificate of Occupancy _____ Certificate # _____

Date of Certificate of Completion _____ Certificate # _____

Surcharge Return Approved _____ Denied _____

Comments: _____

Date of Return _____

Authorized by _____