

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

<b>PERMIT REQUESTED</b>	<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 _____

<b>PROJECT LOCATION</b>	Lot area _____ Sq. ft.	_____ / _____, _____ / _____, 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. _____	<b>Setbacks:</b>	
		Front _____ ft.	Rear _____ ft.
		Left _____ ft.	Right _____ ft.

<b>1. PROJECT</b>	<b>3. OCCUPANCY</b>	<b>6. ELECTRICAL</b>	<b>9. HVAC EQUIPMENT</b>	<b>12. ENERGY SOURCE</b>			
<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 _____	SpaceHtg _____	WaterHtg _____	<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.
<b>2. AREA INVOLVED</b>	<b>4. CONST. TYPE</b>	<b>7. FOUNDATION</b>	<b>10. SEWER</b>	<b>13. HEAT LOSS</b>			
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)			
	<b>5. STORIES</b>	<b>8. USE</b>	<b>11. WATER</b>	<b>14. EST. BUILDING COST</b>			
	<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.

<b>ISSUING JURISDICTION</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: _____ <b>WESTON</b>	Municipality Number of Dwelling Location <b>37 - 192</b>
<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>PERMIT ISSUED BY:</b>
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**

	AREA SQ. FT.	TIMES	AMOUNT
NEW CONSTRUCTION OF APARTMENTS, ROW HOUSING, OR MULTIFAMILY DWELLINGS <i>(THREE FAMILY AND OVER)</i> <i>(or remodeling &amp; additions thereto)</i>	_____	\$ .06/SQ. FT.	_____
NEW CONSTRUCTION OF LOCAL BUSINESS, INSTITUTIONAL, OR OFFICE BUILDINGS <i>(or additions, remodeling &amp; build-outs)</i>	_____	\$ .07/SQ. FT.	_____
NEW CONSTRUCTION OF MANUFACTURING AND INDUSTRIAL BUILDINGS <i>(or additions, remodeling &amp; build-outs)</i>	_____	\$ .04/SQ. FT.	_____
NEW CONSTRUCTION OF WAREHOUSES <i>(or additions, remodeling &amp; build-outs)</i>	_____	\$ .03/SQ. FT.	_____
NEW CONSTRUCTION OR ADDITIONS TO STORAGE UNITS & BUILDING SHELLS	_____	\$ .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!)*

<b>Village of Weston</b> 5500 Schofield Ave. Weston, WI 54476	<h1 style="margin: 0;">HVAC Permit Application</h1> <p style="margin: 0;">Commercial &amp; Multifamily New Building &amp; Alterations</p>	Application No. _____ <hr/> Parcel No. _____
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<b>PERMIT REQUESTED</b>	<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

<b>PROJECT LOCATION</b>	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.	<b>Setbacks:</b> 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 ISSUANCE 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: \_\_\_\_\_

<b>ISSUING JURISDICTION</b>	<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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<b>FEES:</b> Plan Review \$ _____ Inspection \$ _____ Other: \$ _____  Total \$ _____	<b>PERMIT(S) ISSUED</b> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion		<b>PERMIT ISSUED BY:</b> Name: Shaun Scott Tatro Date: _____ Tel. (715) 241-2620 Cert No.: 170565
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<b>Village of Weston</b> <b>5500 Schofield Ave.</b> <b>Weston, WI 54476</b>	<h1 style="margin: 0;">Plumbing Permit Application</h1> <p style="margin: 0;">Commercial &amp; Multifamily New Building &amp; Alterations</p>	Application No.  Parcel No.
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<b>PERMIT REQUESTED</b>	<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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<b>PROJECT LOCATION</b>	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.	<b>Setbacks:</b>	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!**

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.

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

Cost of Project: \_\_\_\_\_

<b>ISSUING JURISDICTION</b>	<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="margin: 0;">37-192</h2>
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<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>PERMIT ISSUED BY:</b>
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:

Change of Owner - \$25 per Building

New Construction - \$100 per Building -

Building Addition - \$25 per units involved in building permit



# Multi-Family 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](http://www.westonwisconsin.org)

Revised 1/1/2010

Date \_\_\_\_\_

Apartment Name \_\_\_\_\_ Phone # \_\_\_\_\_

Apartment Address \_\_\_\_\_ Suite/Unit # \_\_\_\_\_

Mailing Address if different \_\_\_\_\_ Zip Code \_\_\_\_\_

Apartment Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Apartment Owner Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Owner Name (if Applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Owner Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owner Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Check all that apply:

New Construction    Building Addition    Change of Ownership (requires certificate of Occupancy only)

Number of Buildings \_\_\_\_\_ Number of Units/Building: \_\_\_\_\_

Number of bedrooms/unit \_\_\_\_\_

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

Proposed date of opening/ownership change \_\_\_\_\_

Former apartment 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 permit to arrange for inspection of building: \_\_\_\_\_

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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 property owner occupying that building or space. Applications for occupancy certificate 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 the Building Inspector at (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 certificate of occupancy shall be issued. In some cases, a Temporary Occupancy Certificate 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 \_\_\_\_\_

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**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) \_\_\_\_\_

Date Temporary Certification of Occupancy mailed \_\_\_\_\_

Temporary Certificate of Occupancy # (if applicable) \_\_\_\_\_

Date Certificate of Occupancy Issued \_\_\_\_\_

Date Certification of Occupancy mailed \_\_\_\_\_

Certificate of Occupancy # \_\_\_\_\_



# Commercial Occupancy Surcharge

Village of Weston

5500 Schofield Avenue, Weston, WI 54476

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

[www.westonwisconsin.org](http://www.westonwisconsin.org)

**A \$5000 Commercial Occupancy 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 an occupancy certificate has been issued certifying that all the appropriate provisions of Chapter 94 *Zoning*, including those of Article V *Approval of Building, Site and Operational Plans*, have been met. An occupancy permit is issued only if 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) prior to the issuance of the occupancy certificate. This includes lighting and landscaping. In some cases, a Temporary Occupancy Certificate 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. **If the business is occupied before a temporary or final occupancy certificate is issued, the \$5,000 surcharge fee is forfeited.** If it is not occupied before a temporary or final occupancy certificate is issued, the surcharge fee is returned.

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

To arrange an inspection, please call the Building Inspector at (715) 241-2620. 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, an occupancy certificate shall be issued and \$5000 surcharge fee 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 Occupancy Certificate \_\_\_\_\_ Certificate # \_\_\_\_\_

Surcharge Return Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

Date of Return \_\_\_\_\_

Authorized by \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

# VILLAGE OF WESTON ELECTRICAL PERMIT APPLICATION

RESIDENTIAL UPGRADES, 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 (THREE FAMILY AND OVER) (or remodeling & additions thereto)	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$ .05/SQ. FT.	_____

NEW CONSTRUCTION OF LOCAL BUSINESS, INSTITUTIONAL, OR OFFICE BUILDINGS (or additions, remodeling & build-outs)	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$ .06/SQ. FT.	_____

NEW CONSTRUCTION OF MANUFACTURING AND INDUSTRIAL BUILDINGS (or additions, remodeling & build-outs)	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$ .03/SQ. FT.	_____

NEW CONSTRUCTION OF WAREHOUSES (or additions, remodeling & build-outs)	AREA SQ. FT.	TIMES	AMOUNT
	_____	\$ .02/SQ. FT.	_____

	AMOUNT
MINIMUM ELECTRICAL PERMIT FEE \$40.00 (if calculated amount is less than \$40.00)	_____

	AMOUNT
SPECIAL INSPECTION OTHER THAN LISTED \$61.00/ HOUR	_____
RE-INSPECTION FEE \$61.00	_____

## ELECTRICAL SERVICES NEW AND UPGRADE

CHECK ONE  
**RESIDENTIAL SERVICE UPGRADE** \$30.00 \_\_\_\_\_

**COMMERCIAL SERVICE UPGRADE**

100-200 AMPS, SINGLE METER \$30.00 \_\_\_\_\_

400 AMPS, SINGLE METER \$40.00 \_\_\_\_\_

600 AMPS, SINGLE METER \$50.00 \_\_\_\_\_

800 AMPS, SINGLE METER \$65.00 \_\_\_\_\_

1000 AMPS & LARGER , SINGLE METER \$75.00 \_\_\_\_\_

MULTIPLE METERING, SIZE OF SERVICE (FEE) + \$6.00 TIMES NUMBER OF ADDITIONAL METERS	
METERS _____	AMOUNT _____
X \$6.00	
AMOUNT _____	

SERVICE \_\_\_\_\_ + METERS AMOUNT \_\_\_\_\_ AMOUNT FOR SERVICE \_\_\_\_\_

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

For Office Use Only

DATE ISSUED \_\_\_\_\_

ISSUED BY \_\_\_\_\_

TOTAL AMOUNT OF PERMIT \_\_\_\_\_

**FAILURE TO OBTAIN PERMIT PRIOR TO COMMENCEMENT OF WORK FEES DOUBLE!**