

# Town of Trenton

1071 State Hwy 33E

West Bend, WI 53095

Phone: (262) 675-0415

Fax: (262) 675-6052

Plumbing Inspector: Walter Grotelueschen

Direct: (262) 675-0909

Office Hours: Thursday 3:00pm – 5:00pm

Inspection Hours: 7:00am – 5:00pm

Notice Required for Inspection: 24 Hours

Email: [building@townoftrenton.info](mailto:building@townoftrenton.info)

Website: [http://www.townoftrenton.info/home/?page\\_id=2155](http://www.townoftrenton.info/home/?page_id=2155)

*Additional important contacts:*

*Street Work:*

*Water Service:*

Wisconsin Division of Safety and Buildings  Wisconsin Stats. 101.63, 101.73	<b>WISCONSIN UNIFORM BUILDING PERMIT APPLICATION</b>  Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]	Application No. _____  Parcel No. _____
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<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____		
Owner's Name _____	Mailing Address _____	Tel. _____
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg _____	Lic/Cert# _____	Mailing Address _____
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Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg _____	Lic/Cert# _____	Mailing Address _____

<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.		

<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 _____ Nat Gas _____ LP _____ Oil _____ Elec _____ Solid _____ Solar _____ Space Htg _____ Water Htg _____ <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"/> U.S. HUD <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary 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.

<b>APPLICANT'S SIGNATURE</b> _____	<b>DATE SIGNED</b> _____
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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.  See attached for conditions of approval.

- # 1 IN LIEU OF A \$500.00 ROAD BOND, ANY AND ALL DAMAGES TO THE ROAD OR CULVERT WILL BE THE GENERAL CONTRACTOR, SUB-CONTRACTOR, AND / OR OWNERS RESPONSIBILITY. ALL CULVERTS MUST BE AT LEAST 24' LONG WITH FLARED ENDWALLS.
- # 2 OWNERS, GENERAL CONTRACTORS, SUB-CONTRACTORS, NOTIFY DIGGERS HOT-LINE AT 1-800-242-8511
- # 3 A WASTE DISPOSAL LUGGER WILL BE REQUIRED BY THE GENERAL CONTRACTOR AT THE DISCRETION OF THE BUILDING INSPECTOR
- # 4 SMOKE DETECTORS ARE REQUIRED ON ALL LEVELS, HARDWIRED IN SERIES AND PER CURRENT CODE. NO EXCEPTIONS.
- # 5 REFER TO BUILDING PLANS FOR ADDITIONAL CONDITIONS FOR PERMIT APPROVAL.
- # 6 ELECTRIC SERVICE MUST BE PLACED SO IT WILL NOT INTERFERE WITH FUTURE DECKS, SLABS, GAS METERS, FURNACE EXHAUST SYSTEMS, AND CLOTHES DRYER OR FIREPLACE VENTS.
- # 7 SKIRT BOARD WAIVER

<b>ISSUING JURISDICTION</b>	<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Inspection Agency #: _____	Municipality Number of Dwelling Location _____
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<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>WIS PERMIT SEAL #</b>	<b>PERMIT ISSUED BY:</b>
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	_____	Name _____  Date _____ Tel. _____  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 municipality. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration.

### 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.

### PROJECT LOCATION

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the construction site).
- Fill in Contractor 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 financial responsibility certificate number, 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.
- 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 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 or Panel" 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 - Sign and date this application form.

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 Municipality Status, such as town, village, city, county or state inspection agency.
- Fill in Municipality Name and Municipality Number or State Inspection Agency number of inspection authority.
- Fill in Municipality Number of Dwelling Location if different from municipality where inspection authority is located. (applies to county or state enforcement)
- 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.  
**PLEASE RETURN SECOND PLY WITHIN 30 DAYS AFTER ISSUANCE TO** (You may fold along the dashed lines and insert this form into a window envelope.):

Safety & Buildings Division  
P O Box 2509  
Madison, WI 53701-2509

**CAUTIONARY STATEMENT TO OWNERS OBTAINING BUILDING PERMITS  
(Part of Ply 4 for Applicants)**

101.65(1r) 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 of 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.