

Village of Waterford

123 N River St

Waterford, WI 53185

Phone: (262) 534-1850

Fax: (262) 533-5373

Plumbing Inspector: Martin Montoya

Office Hours: Monday and Wednesday 2:00pm – 3:30pm

Inspection Hours:

Notice Required for Inspection: Call before 4:00pm for next day inspection or 24 Hours

Email: waukeshainspections@safebuilt.com

Website: <http://waterfordwi.org/149/Licenses-Permits>

To schedule an inspection call: (262) 346-4575

Additional important contacts

Street Work:

Water Service:

NOTICE TO PERMIT 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 <http://dhs.wisconsin.gov/lead/WisconsinRRPRRule.htm> 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.

Wetlands Identification web page: <http://dnr.wi.gov/wetlands/locating.html>

DNR Waterway & Wetland Permits web page: <http://dnr.wi.gov/waterways/>

WI Dept. of Natural Resources Service Center Link: <http://dnr.wi.gov/org/caer/cs/servicecenter/ssbycity.htm#milwaukee>

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.

Signature below indicates receipt and acknowledgement of the contents of this document.

Applicant/Property Owner Name: _____

Signature: _____ Date: _____

Parcel Number _____ - _____ - _____

Fire Number and Street Address of Project: _____

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.

File Copy

Applicant/Owner Copy

1-800-422-5220 SAFEbuilt, Inc.	WI UNIFORM PERMIT APPLICATION			PERMIT NO. TAXKEY#	
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY	
	OF _____ COUNTY: _____	PROJECT DESCRIPTION			
Owner's Name _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Construction Contractor (DC Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Dwelling Contractor Qualifier (DCQ Lic No.) _____		Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor		Telephone - Include Area Code _____	
Plumbing Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Electrical Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
HVAC Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
PROJECT INFORMATION		Subdivision Name _____		Lot No. _____	
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____	Front _____ Ft.	Rear _____ Ft.	
1a. PROJECT		3. TYPE		6. STORIES	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	
1b. GARAGE		4. CONST. TYPE		9. HVAC EQUIPMENT	
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____	
2. AREA		5. ELECTRICAL		10. PLUMBING	
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		Entrance Panel Size: _____ amp Service: ___New___Rewire ____Phase___Volts ___Underground___Overhead Power Company: _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	
8. USE		11. WATER		12. ENERGY SOURCE	
<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Fuel Nat. Gas L.P. Oil Elec.* Solid Solar Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.				13. HEAT LOSS (Calculated)	
				Total _____ BTU/HR	
				14. ESTIMATED COST	
				\$ _____	
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. 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.					
<input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.					
APPLICANT (PRINT): _____		SIGN: _____		DATE: _____	
APPROVAL CONDITIONS		This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.			
INSPECTIONS NEEDED Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final					
Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final					
FEES:		PERMIT(S) ISSUED		SEAL NO. _____ Municipality No. _____ - _____	
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____		Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____		RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	
				PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.	
				PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____	