

Town of Silver Cliff
Building Permit Instructions

The Town of Silver Cliff only issues building permits for Non-Dwelling structures such as *garages, sheds, greenhouses, etc. 80 square feet or more.* We do not issue permits that would be added to a dwelling such as an addition or attaching a garage/ shed to a dwelling. A building permit is also required if any changes to a structure are being made such as adding on to an existing building. Building permits for dwellings/ occupied structures need to be issued by our **Building Inspector Jane Meissner : E-mail: jane@NaturesEdgeInspections.com**
W11954 Kitty Dell Circle, Crivitz, WI 54114; Phone: 715-245-1708

The owner, builder or agent shall complete the application form down through the Signature of Application block, please submit the full application including the building plans-specifications (if applicable), site map, DNR disclaimer to the enforcing jurisdiction, and the Wisconsin Uniform Building Permit. The Building Permit is good for 2 years to address what was applied for, you may not add to the permit once it has been issued.

PERMIT:

- Please provide the PARCEL NUMBER of the building site, it can be found on your tax bill.
- Check off the type of permit, such as Structural, HVAC, Electrical, and/ or Plumbing
- Fill in: Owner's name, current mailing address, telephone number and email address (if applicable)
- If the project will disturb one acre or more of soil, the project is subject to additional erosion control and storm water provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch NR 216.

PROJECT LOCATION:

- Fill in the building site address/ fire number, local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary, please fill in the zoning district, lot area, and required building setbacks.

PROJECT DATA:

- Fill in all numbered project data blocks 1-11 with the required information. All data blocks must be filled in to the best of your ability.

AREA:

- Basement - include unfinished area only
- Living area - include any finished area including finished areas in the basements
- Family Dwelling - include separate and total combined areas

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(Continued)

OCCUPANCY:

- Please indicate what kind of structure is being built, such as a garage, shed, etc.
- Please indicate if this is a seasonal, year round or short term rental

ESTIMATED BUILDING COST:

- Include the estimated total cost of the construction, including materials and market rate labor but not the cost of the land or landscaping.

UTILITIES:

- Please indicate if there will be plumbing, electrical, or HVAC

CONDITIONS OF APPROVAL:

- The authority having jurisdiction uses this section to state any conditions that must be complied. Non-compliance may result in a significant fine especially if the project is started without a building permit.

REMITTANCE:

- Once you have completed the uniform building permit application, site map, DNR waiver, please mail a check in the amount of \$75.00 made out to the Town of Silver Cliff along with all the completed documents to:
Silver Cliff Town Treasurer
% Carol Kitchmaster
N16199 Old J Road
Silver Cliff, WI 54104

ISSUANCE:

- Once approved the permit will be issued and sent to the mailing address that was provided
- Please place the permit in a waterproof container/ clear plastic bag and display on or near your address/ fire number so it is legible from the road
- If you have any questions please do not hesitate to contact the Silver Cliff Town Clerk at email: clerk@silvercliffwi.com, or call 715-757-3163, please leave a message.

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 standards, and will comply with those standards.

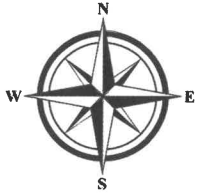
Owner's Signature: _____ Date: _____

Town of Silver Cliff

SITE MAP

Please Indicate:

- All existing buildings, locations and dimensions of structure to be built
- Measured "Setbacks" from center of the road, sides and near lot lines
- Any waterways in relation to your property (ie. River, Lake, Creek, etc)



Owner's Name: _____ Date: _____

Parcel Number: 030-_____ Building Site Address: _____

Type of Building/ Project: _____

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		Wisconsin Uniform Building Permit Application				Application No.																																														
		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))]				Parcel No.																																														
PERMIT REQUESTED		<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 Name & Type		Lic/Cert#	Exp Date	Mailing Address	Telephone & Email																																															
Dwelling Contractor (Constr.)																																																				
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)																																																				
HVAC																																																				
Electrical Contractor																																																				
Electrical Master Electrician																																																				
Plumbing																																																				
PROJECT LOCATION		Lot area _____ Sq.ft.		<input type="checkbox"/> One acre or more of soil will be disturbed		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____																																														
						_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W																																														
Building Address		County		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. ELECTRIC		9. HVAC EQUIP.																																														
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:		<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:																																														
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		12. ENERGY SOURCE																																														
<table><tr><td></td><td>Unit 1</td><td>Unit 2</td><td>Total</td></tr><tr><td>Unfin. Bsmt</td><td></td><td></td><td></td></tr><tr><td>Living Area</td><td></td><td></td><td></td></tr><tr><td>Garage</td><td></td><td></td><td></td></tr><tr><td>Deck/ Porch</td><td></td><td></td><td></td></tr><tr><td>Totals</td><td></td><td></td><td></td></tr></table>			Unit 1	Unit 2	Total	Unfin. Bsmt				Living Area				Garage				Deck/ Porch				Totals				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		<table><tr><td>Fuel</td><td>Nat Gas</td><td>LP</td><td>Oil</td><td>Elec</td><td>Solid</td><td>Solar Geo</td></tr><tr><td>Space Htg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Water Htg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg	<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"/>
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		5. STORIES		8. USE		10. SEWER																																														
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____																																														
						11. WATER																																														
						<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																																														
						13. HEAT LOSS																																														
						_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																																														
						14. EST. BUILDING COST w/o LAND																																														
						\$ _____																																														
<p>I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this 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 back of the permit if not signing below. 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.</p> <p><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 second page of this form.</p>																																																				
APPLICANT (Print:) _____ Sign: _____ DATE _____																																																				
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.																																																				
ISSUING JURISDICTION		<input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____		<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____		State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location _____																																														
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:																																														
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. _____ Email: _____																																														