Please check one:   ___Commercial  ___Institutional  ___Manufacturing  ___Multi-family

Project Address __________________________________________

| Please complete and submit the following as a packet:                                  | Fire Department Approval:                                                                 |
|---|---|---|---|---|---|---|---|---|
| 1. ___ Addition permit application                                                   |                                                                                       |
| 3. ___ Occupancy Commercial permit application (for building shell)                   |                                                                                       |
| 5. ___ Erosion Control Commercial permit application (signed by property owner), along with: |                                                                                       |
|     ___ Water Resources Application for Project Permits (WRAPP) from the Department of Natural Resources (one or more acre) |
|     ___ One (1) set of erosion control plans (civil drawings). (Please contact the Soil Erosion Specialist at 262.653.4247 with questions) |
| 6. _____ Two (2) certified surveys or two (2) engineered site plans                   |                                                                                       |
| 7. ____ Required Plans:                                                              |                                                                                       |
|     Pursuant to Wisconsin Statute §101.12, for buildings over 50,000 cubic feet in volume, the plans must be reviewed by the State or an authorized representative of the State. **The City is an authorized representative of the State to conduct these reviews.** In addition, pursuant to Administrative Code Section SPS361.31, plans for buildings over 50,000 cubic feet in volume are required to be prepared, signed, sealed, and dated by a Wisconsin-registered engineer or architect. |

Please select option A or B* 

A. _____ City to conduct State Review. A plan review fee will be charged – see fee schedule at bottom of attached application.
   • Provide one (1) full plan set with a Cover Page that contains the stamps and signatures of Architects and/or Engineers and a complete index, and three (3) additional identical cover pages.
   • Include a set of plans in pdf format or on a flash drive. Plans in pdf format should be emailed to bldgpermits@kenosha.org after submittal of this packet.
   • If Multi-family project, please also enclose one (1) floor plan (11” x 17”) listing unit numbers.

B. _____ State has conducted Review. A plan review fee will not be charged by the City, as plan review fees will have been paid to the state. Plan review fees, whether assessed by the City or the State, are set by State Statute.
   • Attach one (1) copy of State Approval Letter.
   • Provide one (1) full plan set with a Cover Page that contains the stamps and signatures of Architects and/or Engineers and a complete index, and three (3) additional identical cover pages.
   • Include a set of plans in pdf format or on a flash drive. Plans in pdf format should be emailed to bldgpermits@kenosha.org after submittal of this packet.
   • If Multi-family project, please also enclose one (1) floor plan (11” x 17”) listing unit numbers.

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* IMPORTANT: A Conditional Use Permit submittal to City Development in Room 308 is required before submittal of this packet. Please call 262.653.4030 with questions. Required Plans submitted with this application are in addition to plans submitted to City Development.
APPLICATION FOR ADDITION PERMIT*
Form #DCI103 (rev. 02/20)

*Commercial, Institutional, Manufacturing, or Multi-family

You will be notified when your permits are ready; please do not submit payment with permit applications.

Project Address ____________________________________ Suite number_____________
Project (Business) Name________________________________________________________________________
Project Owner_____________________________________
Contractor______________________________________
Mailing Address __________________________________
Mailing Address __________________________________
City ________________________ State_____ Zip_______
City ________________________ State_____ Zip_______
Phone (______)___________________________________
Phone (______)___________________________________
Property Owner’s e-mail_____________________________
Contractor e-mail_______________________________

➔ Estimated Cost (excluding plumbing, electric, HVAC)___________________ Area _______________________

Construction Class ____________________________ Height ______________________________________
If Multi-family, number of units:_________________ Sprinklered :   Yes _________ No _________

If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional $100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

This Box for Office Use Only:
Zoning________________           Zoning Review/Approval________________________
___________________________________________________________________________________________

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<thead>
<tr>
<th>DESCRIPTION</th>
<th>FEE</th>
<th>QUANTITY</th>
<th>QUANTITY</th>
<th>SQUARE FEET /PLAN REVIEW FEE*</th>
<th>QUANTITY</th>
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<tr>
<td>ADDITIONS</td>
<td>$ .50 Per Sq Ft</td>
<td>10,001-20,000</td>
<td>10,001-20,000</td>
<td>$ 700.00</td>
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<td>MINIMUM FEE</td>
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<td>20,001-30,000</td>
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<td>$ 1,100.00</td>
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<tr>
<td>FIRE PREVENTION</td>
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<td>30,001-40,000</td>
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<td>$ 1,400.00</td>
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<td>BUREAU INSPECTION</td>
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<td>40,001-50,000</td>
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<td>ZONING FEE</td>
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<td>ZONING/ADMIN FEE</td>
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<td>$ 5,400.00</td>
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<td>Over 500,000</td>
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<td>$ 18,000.00</td>
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If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances

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 of the permit information herein is accurate. 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 Signature____________________________________________       Date:_________________________

Please Print Name______________________________________________

Department of City Inspections | 625 52 St Rm 100, Kenosha WI 53140 | Phone: 262.653.4263 | Fax: 262.653.4254 | Email: bldgpermits@kenosha.org | kenosha.org
APPLICATION FOR OCCUPANCY – NEW BUILDING (SHELL ONLY)*
Form #DCI115 (rev. 01/20)

*For Commercial, Institutional, Manufacturing, and Multi-family

Project Address _____________________________________________________
Project Name_______________________________________________________
Intended (Business) Use________________________________________________

Business Owner_________________________________   Contractor__________________________________
Mailing Address _________________________________   Mailing Address______________________________
City _______________________State _____ Zip_______   City___________________ State______Zip_______
Phone (_______)_________________________________  Phone (_______)____________________________

Zoning _______________
Number of Units (if applicable) ____________

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<tr>
<th>DESCRIPTION</th>
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<td>Commercial New Building</td>
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<td>________</td>
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<tr>
<td>Multi-family New Building</td>
<td>$ 180.00</td>
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<tr>
<td>plus multi-family per unit fee</td>
<td>$ 48.00 per unit</td>
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</tr>
<tr>
<td>Fire Prevention Bureau Inspection</td>
<td>$ 72.00 Ea.(X2)</td>
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After Approval/Processing of this Permit Application:
If you do not intend to proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional $100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

Applicant Signature _______________________________________  Date______________________________

Please Print Name_________________________________________
APPLICATION FOR EROSION CONTROL PERMIT (COMMERCIAL)
Form #DC1142 (rev. 01/20)

IMPORTANT: After erosion control measures are installed according to the approved plan, you are required to call the Soil Erosion Specialist at 262.653.4247 to schedule an inspection.

Reminder: Erosion Control Plans that meet the requirements of Chapter 33.11 of the Code of General Ordinances are required to be submitted with this application

Project Address ___________________________________
Project Name___________________________________
Property Owner____________________________________
Contractor_____________________________________
Mailing Address ___________________________________
City ________________________ State_____ Zip________
Mailing Address _________________________________
City ____________________ State______ Zip________
Phone (______)___________________________________
Phone(______)_________________________________
Property Owner E-mail Address_______________________
Contractor E-mail Address________________________

Total Area to Be Disturbed (square feet)

Description of Land Disturbing Activity: Excavating: Cubic Yards__________ OR Filling: Cubic Yards__________
Trenching: Linear Feet ______________________    Grading or Site Stripping: Square Feet ______________________
Shoreland/Wetland Affected__________________    Anticipated Completion Date:________________________________

DESCRIPTION                                                        FEE
PLAN REVIEW - Commercial                                             $ 200.00
BASE FEE                                                            $ 200.00
SQUARE FOOT CHARGE ($5.00 per 1,000 Sq. Ft. ($2,000.00 max.)       $5.00 per 1,000 Sq. Ft. ($2,000.00 max.)
ESCROW (More than one acre)                                        $5,000.00

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances.

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(S) 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.

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 of the permit information herein is accurate. 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.

➔ Property Owner’s Signature_____________________________________________Date___________________
Please Print Name_____________________________________________________

FOR OFFICE USE ONLY

Date________________________
Permit #_____________________
Needs Approval______________________
IP________________________
Fee’d_______________________