

Please check one:  Commercial  Institutional  Manufacturing  Multi-family

**Project Address** \_\_\_\_\_

<p><b>Please complete and submit the following as a packet:</b></p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> New Building permit application</li> <li>2. <input type="checkbox"/> Kenosha Water Utility Permit application</li> <li>3. <input type="checkbox"/> Occupancy Commercial permit application (for building shell)</li> <li>4. <input type="checkbox"/> Park Impact Fee permit application <i>(for Multi-family New Building)</i></li> <li>5. <input type="checkbox"/> Erosion Control Commercial permit application (signed by property owner), along with:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Water Resources Application for Project Permits (WRAPP) from the Department of Natural Resources (one or more acre)</li> <li><input type="checkbox"/> One (1) set of erosion control plans (civil drawings). (Please contact the Soil Erosion Specialist at 262.653.4247 with questions)</li> </ul> </li> <li>6. <input type="checkbox"/> Two (2) certified surveys <b>or</b> two (2) engineered site plans</li> <li>7. <input type="checkbox"/> <b>Required Plans:</b></li> </ol>	<p><b>Fire Department Approval:</b></p>
<p>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. <b>The City is an authorized representative of the State to conduct these reviews.</b> In addition, pursuant to Administrative Code Section SPS361.31, plans for buildings over 50,000 cubic feet in volume are required to be <u>prepared, signed, sealed, and dated by a Wisconsin-registered engineer or architect.</u></p> <p><b>Please select option A or B*</b></p> <p><b>A. <input type="checkbox"/> City to conduct State Review.</b> A plan review fee will be charged – see fee schedule at bottom of attached application.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Include a set of plans in pdf format or on a flash drive. Plans in pdf format should be emailed to <a href="mailto:bldgpermits@kenosha.org">bldgpermits@kenosha.org</a> after submittal of this packet.</li> <li>• If <b>Multi-family</b> project, please also enclose one (1) floor plan (11" x 17") listing unit numbers.</li> </ul> <p><b>B. <input type="checkbox"/> State has conducted Review.</b> A plan review fee will <u>not</u> 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.</p> <ul style="list-style-type: none"> <li>• Attach one (1) copy of State Approval Letter.</li> <li>• 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.</li> <li>• Include a set of plans in pdf format or on a flash drive. Plans in pdf format should be emailed to <a href="mailto:bldgpermits@kenosha.org">bldgpermits@kenosha.org</a> after submittal of this packet.</li> <li>• If <b>Multi-family</b> project, please also enclose one (1) floor plan (11" x 17") listing unit numbers.</li> </ul>	<p><b>This box for DCI use:</b></p> <p><i>* <b>IMPORTANT:</b> 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.</i></p>



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

**APPLICATION FOR NEW BUILDING PERMIT\***  
**Form #DCI106 (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 \_\_\_\_\_

Project Name \_\_\_\_\_ Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Contractor e-mail \_\_\_\_\_

➔ **Estimated Cost (excluding plumbing, electric, and HVAC)** \_\_\_\_\_

Area \_\_\_\_\_ square feet 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.

<b>This Box for Office Use Only:</b>	Zoning _____	Zoning Review/Approval _____
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DESCRIPTION	FEE	QUANTITY	SQUARE FEET /PLAN REVIEW FEE*	QUANTITY
NEW BUILDINGS	\$ .50 Per Sq Ft	_____	10,001-20,000	\$ 700.00
MINIMUM FEE	\$ 300.00 Ea.	_____	20,001-30,000	\$ 1,100.00
FIRE PREVENTION			30,001-40,000	\$ 1,400.00
BUREAU INSPECTION	\$ 72.00 Ea.(X5)	_____	40,001-50,000	\$ 1,900.00
ZONING FEE	\$ 60.00	_____	50,001-75,000	\$ 2,600.00
ZONING/ADMIN FEE	\$ 250.00	_____	75,001-100,000	\$ 3,300.00
			100,001-200,000	\$ 5,400.00
<b>SQUARE FEET/PLAN REVIEW FEE*</b>		<b>QUANTITY</b>	200,001-300,000	\$ 9,500.00
0-2,500	\$ 250.00	_____	300,001-400,000	\$14,000.00
2,500-5,000	\$ 300.00	_____	400,001-500,000	\$16,700.00
5,001-10,000	\$ 500.00	_____	Over 500,000	\$18,000.00

**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**

*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** \_\_\_\_\_



**FOR OFFICE USE ONLY**

Date \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Needs Approval \_\_\_\_\_  
 IP \_\_\_\_\_  
 Fee'd \_\_\_\_\_

**APPLICATION FOR KENOSHA WATER UTILITY PERMIT\***  
**Form #DCI134 (rev 01/20)**

*\*The fees below are being collected on behalf of the Kenosha Water Utility. If you have any questions regarding these fees, please call the Kenosha Water Utility at 262.653.4300.*

Project Address \_\_\_\_\_ Lot # \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Contractor \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Contractor e-mail \_\_\_\_\_  
 Zoning \_\_\_\_\_ Number of Meters \_\_\_\_\_  
 (office use only)

Use: Single-family \_\_\_\_\_  
 Two-family \_\_\_\_\_  
 Multi-family \_\_\_\_\_  
 Commercial \_\_\_\_\_  
 Institutional \_\_\_\_\_  
 Manufacturing \_\_\_\_\_

Indicate Meter Size(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If multi-family, indicate number of units \_\_\_\_\_ Project Name \_\_\_\_\_

*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.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

DESCRIPTION	FEE	QTY	DESCRIPTION	FEE	QTY
<b>TEMP WATER USAGE (nine-month usage period):</b>			<b>WATER METER FEE:</b>		
5/8"	\$ 269.26	_____	5/8" METER	\$ 3,281.00	_____
3/4"	\$ 269.26	_____	3/4" METER	\$ 3,281.00	_____
1"	\$ 318.40	_____	1" METER	\$ 8,204.00	_____
1 1/2"	\$ 399.94	_____	1 1/2" METER	\$ 16,407.00	_____
2"	\$ 483.37	_____	2" METER	\$ 26,252.00	_____
3"	\$ 659.50	_____	3" METER	\$ 49,222.00	_____
4"	\$ 863.44	_____	4" METER	\$ 82,037.00	_____
6"	\$1,289.86	_____	6" METER	\$ 164,074.00	_____
8"	\$1,771.90	_____	8" METER	\$ 262,518.00	_____
10"	\$2,365.18	_____	10" METER	\$ 393,777.00	_____
12"	\$2,967.73	_____			

*For Office Use Only*  
 ADJUSTED FEE  
 – Strawberry Creek/Heritage Heights \_\_\_\_\_



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

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

DESCRIPTION	FEE	QUANTITY
Commercial New Building	\$ 240.00	_____
Multi-family New Building	\$ 180.00	_____
plus multi-family per unit fee	\$ 48.00 per unit	_____
Fire Prevention Bureau Inspection	\$ 72.00 Ea.(X2)	_____

**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** \_\_\_\_\_



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

**APPLICATION FOR PARK IMPACT FEES**  
**Form #DCI118 (rev 01/20)**

**NOTE: This Permit is not needed for Residential Permits for Strawberry Creek and Heritage Heights Subdivisions**

Project Address _____	Lot # _____
Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
	Contractor e-mail _____

Subdivision \_\_\_\_\_

Number of Units \_\_\_\_\_

DESCRIPTION	FEE	QTY	DESCRIPTION	FEE	QTY
<b>FOR OFFICE USE ONLY:</b>					
<u>ONE- OR TWO-FAMILY</u>			<u>MULTI-FAMILY</u>		
LAKEFRONT PARK DISTRICT	\$1,415.00	_____	LAKEFRONT PARK DISTRICT	\$1,205.00	_____
ANDERSON PARK DISTRICT	\$1,415.00	_____	ANDERSON PARK DISTRICT	\$1,205.00	_____
LINCOLN PARK DISTRICT	\$1,415.00	_____	LINCOLN PARK DISTRICT	\$1,205.00	_____
WASHINGTON PARK DISTRICT	\$1,415.00	_____	WASHINGTON PARK DISTRICT	\$1,205.00	_____
POERIO PARK DISTRICT	\$1,415.00	_____	POERIO PARK DISTRICT	\$1,205.00	_____
ST. PETERS PARK DISTRICT	\$1,415.00	_____	ST. PETERS PARK DISTRICT	\$1,205.00	_____
NASH PARK DISTRICT	\$1,415.00	_____	NASH PARK DISTRICT	\$1,205.00	_____
WEST PARK DISTRICT	\$1,415.00	_____	WEST PARK DISTRICT	\$1,205.00	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

**APPLICATION FOR EROSION CONTROL PERMIT (COMMERCIAL)**  
**Form #DCI142 (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 _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone(_____) _____
Property Owner E-mail Address _____	Contractor E-mail Address _____

Project Contact Person _____
Phone _____ 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	QUANTITY
PLAN REVIEW - Commercial	\$ 200.00	_____
BASE FEE	\$ 200.00	_____
SQUARE FOOT CHARGE	\$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** \_\_\_\_\_