Please check one: ___Commercial   ___Institutional   ___Manufacturing   ___Multi-family

Project Address

Please complete and submit the following as a packet:

1. ___ New Building permit application
2. ___ Kenosha Water Utility Permit application
3. ___ Occupancy Commercial permit application (for building shell)
4. ___ Park Impact Fee permit application (for Multi-family New Building)
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.

* 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 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.

This Box for Office Use Only:  Zoning___________ Zoning Review/Approval___________________

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<tr>
<th>DESCRIPTION</th>
<th>FEE</th>
<th>QUANTITY</th>
<th>SQUARE FEET /PLAN REVIEW FEE*</th>
<th>QUANTITY</th>
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<td>_______</td>
<td>Over 500,000</td>
<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__________________________________________________
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 __________________________
Use: ____________________________ Indicate Meter Size(s) ____________________________
Single-family _______________ ____________________________
Two-family _________________ ____________________________
Multi-family ________________ ____________________________
Commercial _________________ ____________________________
Institutional _________________ ____________________________
Manufacturing ________________ ____________________________

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_______________________________

<table>
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<tr>
<th>DESCRIPTION</th>
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<th>DESCRIPTION</th>
<th>FEE</th>
<th>QTY</th>
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<td>5/8&quot; METER</td>
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For Office Use Only
ADJUSTED FEE
– Strawberry Creek/Heritage Heights __________________________
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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<td>Multi-family New Building</td>
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<td>plus multi-family per unit fee</td>
<td>$ 48.00 per unit</td>
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<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 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 ________________________________

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<tr>
<th>DESCRIPTION</th>
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<td>MULTI-FAMILY</td>
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<td>WEST PARK DISTRICT</td>
<td>$1,205.00</td>
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</tr>
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</table>

Applicant’s Signature: ____________________________________      Date:_________________________________
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
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____________________________________________________

FOR OFFICE USE ONLY
Date________________________
Permit #____________________
Needs Approval______________
IP________________________
Fee’d_______________________

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