Please complete and submit the following as a packet:

1. _____ Communication Tower permit application
2. _____ Occupancy Commercial permit application (for building shell)
3. _____ 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.)
4. ______ Low Voltage permit application for antennas
5. ______ Commercial Electrical Permit for electrical connections
6. ______ Fence Permit Application (if applicable)
7. _____ Two (2) certified surveys or two (2) engineered site plans
8. _____ Required Plans:
   Please check with the Department of City Inspections regarding plan review and submittal.
   **All plans must be designed and stamped by an architect or designer, drawn at 1/4” scale.**
   Please include a set of plans in pdf format (you may email them to bldgpermits@kenosha.org) or flash drive.

This box for DCI use:

Comments:
APPLICATION FOR COMMUNICATION TOWER PERMIT
Form #DCI158 (rev. 01/20)

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

Project Address __________________________________________________________________________________

Project (Business) Name ____________________________________________________________________________

Project Owner ____________________________________________ Contractor ________________________________

Mailing Address ____________________________________________ Mailing Address __________________________

City ______________________ State______ Zip________ City ___________________ State______ Zip________

Phone (_______)________________________________ Phone (_______)______________________________

Owner’s email__________________________________ Contractor e-mail______________________________

Project Contact Person____________________________ Phone (________)_____________________________

➔ Estimated Cost ____________________________________________

Setbacks: Front __________ Rear __________ Left __________ Right __________

Height _______________________________

Size ___________ by ____________ Square Feet ______________________

DESCRIPTION FEE QUANTITY

CELL TOWER $ 430.00 Per Unit ________

ZONING REVIEW FEE $ 60.00 ________

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.

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.

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 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) ______________

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>FEE</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial New Building</td>
<td>$ 240.00</td>
<td></td>
</tr>
<tr>
<td>Multi-family New Building</td>
<td>$ 180.00</td>
<td></td>
</tr>
<tr>
<td>plus multi-family per unit fee</td>
<td>$ 48.00 per unit</td>
<td></td>
</tr>
<tr>
<td>Fire Prevention Bureau Inspection</td>
<td>$ 72.00 Ea.(X2)</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Address</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Owner</td>
<td>Contractor</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Mailing Address</td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Phone (______)</td>
<td>Phone(______)</td>
</tr>
<tr>
<td>Property Owner E-mail Address</td>
<td>Contractor E-mail Address</td>
</tr>
</tbody>
</table>

Total Area to Be Disturbed (square feet)

**Description of Land Disturbing Activity:** Excavating: Cubic Yards OR Filling: Cubic Yards

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee/Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAN REVIEW - Commercial</td>
<td>$200.00</td>
</tr>
<tr>
<td>BASE FEE</td>
<td>$200.00</td>
</tr>
<tr>
<td>SQUARE FOOT CHARGE</td>
<td>$5.00 per 1,000 Sq. Ft. ($2,000.00 max.)</td>
</tr>
<tr>
<td>ESCROW (More than one acre)</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

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 ___________________________
APPLICATION FOR LOW VOLTAGE PERMIT*
Form #DCI114 (rev. 01/20)
*Required for Commercial Projects Only

Project Address _________________________________
Project Name___________________________________
Property Owner _________________________________
Contractor _____________________________________
Mailing Address _________________________________
Mailing Address _________________________________
City _____________________ State______ Zip________
City ___________________ State______ Zip________
Phone (________)________________________________
Contractor email________________________________

➔ Estimated Cost ________________________________

Description of Work / Comments ____________________________________________________________________
_______________________________________________________________________________________________

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>PRICE PER UNIT</th>
<th>QTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW VOLTAGE PER ITEM (ie, card reader, key pad,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REX, speakers, signaling device, antenna)</td>
<td>$2.00 each</td>
<td></td>
</tr>
<tr>
<td>LOW VOLTAGE CABLE</td>
<td>$0.01 per lf</td>
<td></td>
</tr>
<tr>
<td>OUTDOOR/INDOOR CAMERAS</td>
<td>$0.50 each</td>
<td></td>
</tr>
<tr>
<td>MINIMUM FEE</td>
<td>$75.00</td>
<td></td>
</tr>
</tbody>
</table>

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.

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.

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___________________________________________

IT IS THE CONTRACTOR’S RESPONSIBILITY TO CALL FOR INSPECTIONS ONCE PROJECT IS COMPLETE.
APPLICATION FOR COMMERCIAL ELECTRIC PERMIT
Form #DCI105 (REV. 01/20)

You will be notified when your permit is ready; please do not submit payment with permit application.

Project Address ________________________________  Suite ____________________
Project Name __________________________________  Contractor _____________________
Mailing Address _______________________________  Mailing Address _________________________________
City _____________________ State_____ Zip_______  City _______________________ State_____ Zip_______
Phone (______)________________________________  Phone (______)_________________________________

➔ Estimated Cost ___________________________________________________________________________

Description of Work __________________________________________________________________________

CHECK ONE:  New Building____  Existing____  CHECK ONE:  Commercial____  Multi-family (3 or more units)____ *

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.

IT IS THE ELECTRICAL CONTRACTOR’S RESPONSIBILITY TO CALL FOR ALL INSPECTIONS.

Please indicate quantities of each item below:

<table>
<thead>
<tr>
<th>Description of Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1200 AMP SERVICE</td>
<td>$90.00 Ea.</td>
</tr>
<tr>
<td>1200+ AMP SERVICE</td>
<td>$210.00 Ea.</td>
</tr>
<tr>
<td>Additional Panels</td>
<td>$36.00 Ea.</td>
</tr>
<tr>
<td>Panel board</td>
<td></td>
</tr>
<tr>
<td>Feeder</td>
<td></td>
</tr>
<tr>
<td>Transfer switch</td>
<td></td>
</tr>
<tr>
<td>Transformer</td>
<td></td>
</tr>
<tr>
<td>Generator, Transformer, Reactor, Electric</td>
<td>$1.00 per kw</td>
</tr>
<tr>
<td>Furnace, Rectifier, Capacitor, Welder</td>
<td></td>
</tr>
<tr>
<td>Electric Motor</td>
<td>$1.00 per hp</td>
</tr>
<tr>
<td>DIMMER SWITCH</td>
<td>$4.00 Ea.</td>
</tr>
<tr>
<td>EXIT/EM LIGHT</td>
<td>$5.00 Ea.</td>
</tr>
<tr>
<td>CIRCUIT BREAKERS/ FUSES (no new panel)</td>
<td>$6.00 Ea.</td>
</tr>
<tr>
<td>LED/FLUORESCENT FIXTURES</td>
<td>$2.00 Ea.</td>
</tr>
<tr>
<td>GAS FURNACE CONNECTION</td>
<td>$20.00 Ea.</td>
</tr>
<tr>
<td>AC UNITS/REF. COOLERS</td>
<td>$25.00 Ea.</td>
</tr>
<tr>
<td>SERVICE RE-CONNECT</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

Note: Please use the Sign Permit application for sign connections.

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.

Any contractor that performs electrical work must possess the following two licenses:

1) Wisconsin Master Electrician’s License number ___________________________
2) Wisconsin Electrical Contractor License number _________________________

Licenses are available through the Department of Safety & Professional Services (DSPS) at: dsps.wi.gov

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.

Master Electrician’s Signature ___________________________ Date ________________

Please Print Name ___________________________________