



**APPLICATION PACKET FOR
RESIDENTIAL ALTERATION
COVER SHEET**

Project Address _____

The following items must be completed and submitted as a packet:

1. _____ Residential Alteration permit application
2. _____ Residential Plumbing permit application (signed by a Wisconsin-licensed Master Plumber)
3. _____ Residential Electrical permit application (signed by a Wisconsin-licensed Master Electrician)
4. _____ Residential HVAC permit application (signed by an individual that possesses a City of Kenosha HVAC license **OR** a State of Wisconsin HVAC Qualifier license)
5. _____ One (1) set of floor plans (size 8 1/2" x 11" or 11" x 17", drawn at 1/4" scale), showing door and window sizes, and hallway and room dimensions of the altered area
6. _____ One (1) set of cross-section drawings (size 8 1/2" x 11" or 11" x 17", drawn at 1/4" scale), showing structural members, insulation, exterior siding, and interior wall finish
7. _____ If you are not submitting floor plans or cross section drawings (items 6 and 7 above), please explain why below:

8. _____ Cautionary Statement (required if the property owner is listed as the contractor); **OR** State Licensing (required if a contractor is listed)

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.



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

APPLICATION FOR RESIDENTIAL ALTERATION
Form #DCI124 (rev. 02/20)

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

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

➔ **Estimated cost (excluding plumbing, electric, and HVAC)** _____

Type of alteration _____

Property Type: Single-family _____ Two-family _____
 Will the work include the addition of a kitchen? Yes _____ No _____

For Office Use Only: Zoning: _____ Zoning Review/Approval: _____

<p>Any general contractor* that performs work on a one- or two-family dwelling must possess the following two licenses:</p> <p>1) Dwelling Contractor Certification number: _____</p> <p>2) Dwelling Contractor Qualifier Certification number: _____</p>
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DESCRIPTION	FEE	QUANTITY
PLAN REVIEW - RESIDENTIAL	\$ 60.00 Ea.	_____
ALTERATIONS	\$ 60.00 Ea.	_____
ZONING PLAN REVIEW	\$ 60.00 Ea.	_____

NOTE: 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.

Dwelling Contractor Qualifier Licensee Signature _____ **Date:** _____
Please Print Name _____

***Note to Property Owners:**
 If the owner of the property is listed as the **general** contractor, a license is not required; however, the attached "Cautionary Statement" must be signed by the property owner.

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 BUILDINGS BUILT BEFORE 1978

If this project is in a dwelling or child-occupied facility, built before 1978, then the requirements of Ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. For details of how to be in compliance, go to <http://dhs.wisconsin.gov/lead/renovationrules.htm>.



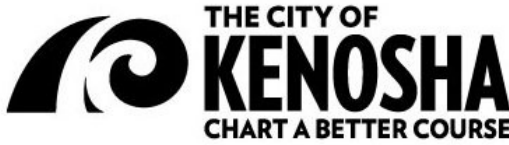
I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. If I am the property owner applying for an erosion control or construction permit, I have read and signed the above cautionary statement. 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.

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 (of a single-family or two-family dwelling) without a Dwelling Contractor Certification and have read this Cautionary Statement regarding contractor responsibility. (**Note:** This form is not required for general contractors of multi-family or commercial buildings).

Project Address _____

Property Owner's Signature _____ Date _____

Please Print Name _____



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

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT
Form #DCI127 (rev. 01/20)

Project Address _____	Lot # (for new buildings) _____
Owner Name _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
	Contractor e-mail _____

➔ **Estimated Cost:** _____

Description of Work / Comments _____

CHECK ONE: One-family ____ Two-family ____ CHECK ONE: New Building ____ Existing ____

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 PLUMBING CONTRACOR'S RESPONSIBILITY TO CALL FOR ALL INSPECTIONS.

DESCRIPTION	FEE	QUANTITY
NEW 1&2 FAMILY PLUMBING	\$ 180.00 Per Dwelling	_____
PER FIXTURE	\$ 11.00 Ea.	_____
ROOF DRAIN	\$ 11.00 Ea.	_____
CATCH BASIN/MANHOLES	\$ 24.00 Ea.	_____
BACKFLOW PREVENTER	\$ 11.00 Ea.	_____
SANITARY EJECTOR	\$ 11.00 Ea.	_____
SUMP PUMP	\$ 11.00 Ea.	_____
GAS OPENING	\$ 11.00 Ea.	_____
INTERIOR SEWER	\$ 30.00 Ea.	_____
WATER HEATER	\$ 18.00 Ea.	_____
CIRCULATION PUMP	\$ 11.00 Ea.	_____
MINI VENT	\$ 36.00 Ea.	_____
MISCELLANEOUS	\$ 12.00 Ea.	_____
MINIMUM RESIDENTIAL PLUMBING	\$ 60.00 Ea.	_____

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

<p>Any contractor that performs plumbing work must possess the following license:</p> <p>1) Wisconsin Master Plumber's License number: _____</p> <p>Licenses are available through the Department of Safety & Professional Services (DSPS) at: dsps.wi.gov</p>

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 above 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 Plumber's Signature: _____ **Date** _____

Please Print Name: _____



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

APPLICATION FOR RESIDENTIAL ELECTRIC PERMIT
Form #DCI125 (rev. 01/20)

Project Address _____	Lot # (for new buildings) _____
Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
➔ Estimated Cost: _____	Contractor e-mail _____

Description of Work: _____

If new service, indicate size _____ CHECK ONE: Overhead _____ Underground _____

City needs to notify WE Energies: Yes ___ No ___ CHECK ONE: New Building _____ Existing _____

CHECK ONE: One-family ___ Two-family ___ **Note:** Service upgrades for two-family units require a Zoning approval. You will be notified after approval; please do not submit payment with permit application.
 Zoning _____ Zoning Review/Approval _____

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.

ALL ELECTRICAL INSPECTIONS MUST BE CALLED IN BY THE ELECTRICAL CONTRACTOR.

DESCRIPTION	FEE	QUANTITY
NEW 1&2 FAMILY - 100 Amp Service	\$ 180.00 Per Dwelling	_____
NEW 1&2 FAMILY - 200 Amp Service	\$ 210.00 Per Dwelling	_____
REHAB/REMODEL – ENTIRE HOME	\$ 180.00	_____
WIRING EXTENSION - (Additions, Basements, Garages)	\$ 60.00 Ea.	_____
SERVICE UPGRADE or PANEL CHANGE	\$ 90.00 Ea. Unit	_____
SERVICE RE-CONNECT	\$ 60.00	_____
INSTALL SOLAR SYSTEM	\$ 90.00	_____
MISCELLANEOUS - (Furnaces, A/C, Garbage Disposals, Appliances, etc.)	\$ 6.00 Ea.	_____
MINIMUM RESIDENTIAL FEE	\$ 60.00	_____
ZONING PLAN REVIEW (for two-family upgrades)	\$ 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

<p>Any contractor that performs electrical work must possess the following two licenses:</p> <p>1) Wisconsin Master Electrician's License number _____</p> <p>2) Wisconsin Electrical Contractor License number _____</p> <p>Licenses are available through the Department of Safety & Professional Services (DSPS) at: dsps.wi.gov</p>
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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 _____



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

APPLICATION FOR RESIDENTIAL HVAC PERMIT*
Form #DCI126 (rev 02/20)

***For One- and Two-family**

Project Address _____	Lot # (for new construction) _____
Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
→ Estimated Cost _____	Contractor e-mail: _____

Description of Work _____

CHECK ONE: One-family _____ Two-family _____ CHECK ONE: New Building _____ Existing _____

Note: No air conditioning units shall be installed in front of the building.

If at any time during or after the approval process, 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.

IT IS THE HVAC CONTRACTOR'S RESPONSIBILITY TO CALL FOR ALL INSPECTIONS

DESCRIPTION	FEE	QUANTITY
NEW 1&2 FAMILY HVAC	\$ 180.00 Per Dwelling	_____
FURNACE UP TO 200,000 BTU	\$ 30.00 Ea.	_____
FURNACE WITH A/C	\$ 42.00 Per Unit	_____
VENTILATION FAN	\$ 14.00 Ea.	_____
AIR COND./UP TO 5 TONS	\$ 4.80 Per Ton	_____
FIREPLACE	\$ 36.00 Ea.	_____
MISCELLANEOUS	\$ 14.00 Ea.	_____
MINIMUM RESIDENTIAL	\$ 60.00 Ea.	_____

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

<p><u>Contractors of HVAC Projects must possess the following two licenses:</u></p> <p>1) Wisconsin HVAC Qualifier Certification number _____ OR City of Kenosha HVAC License number* _____</p> <p>2) Wisconsin HVAC Contractor Registration number: _____</p> <p>Licenses are available through the Department of Safety & Professional Services (DSPS) at dspd.wi.gov</p>
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**New City of Kenosha Licenses are no longer issued – if you do not currently possess a City License, you will need a State Qualifier Certification.*

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.

Licensee's Signature _____ **Date** _____
Please Print Name _____