



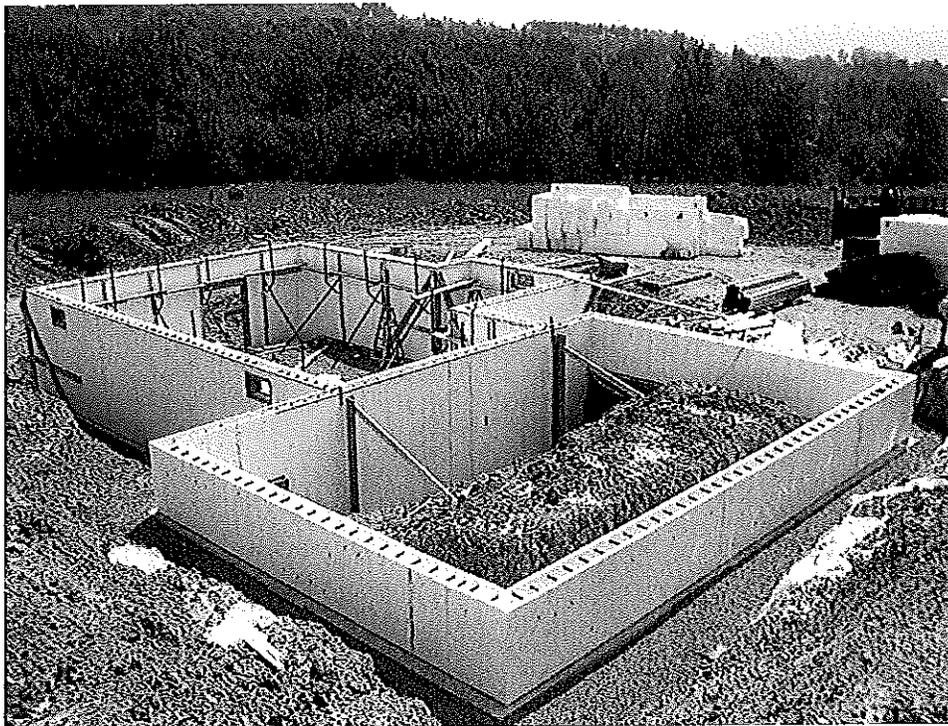
# Village of Holmen

421 S Main Street

Holmen, WI 54636

Phone: 608-526-4336

Fax: 608-526-4357



Commercial, Industrial

& Multi-Family

Building Permit Packet

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	<b>WISCONSIN UNIFORM BUILDING PERMIT APPLICATION</b> <small>Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</small>	Application No.  Parcel No.																								
<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:																										
Owner's Name		Mailing Address																								
Contractor Name & Type		Lic/Cert#																								
Dwelling Contractor (Constr.)		Mailing Address																								
Dwelling Contr. Qualifier		Tel. & Fax																								
HVAC		The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.																								
Electrical																										
Plumbing																										
<b>PROJECT LOCATION</b>	Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W																								
Building Address		County																								
Zoning District(s)		Subdivision Name																								
Zoning Permit No.		Lot No.																								
Setbacks:		Block No.																								
Front ft.		Rear ft.																								
Left ft.		Right ft.																								
<b>1. PROJECT</b>	<b>3. OCCUPANCY</b>	<b>6. ELECTRIC</b>																								
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead																								
<b>2. AREA INVOLVED (sq ft)</b>	<b>4. CONST. TYPE</b>	<b>7. WALLS</b>																								
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th>Unit 1</th><th>Unit 2</th><th>Total</th></tr></thead><tbody><tr><td>Unfin. Bsmt</td><td></td><td></td><td></td></tr><tr><td>Living Area</td><td></td><td></td><td></td></tr><tr><td>Garage</td><td></td><td></td><td></td></tr><tr><td>Deck/Porch</td><td></td><td></td><td></td></tr><tr><td>Totals</td><td></td><td></td><td></td></tr></tbody></table>		Unit 1	Unit 2	Total	Unfin. Bsmt				Living Area				Garage				Deck/Porch				Totals				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:
	Unit 1	Unit 2	Total																							
Unfin. Bsmt																										
Living Area																										
Garage																										
Deck/Porch																										
Totals																										
	<b>5. STORIES</b>	<b>8. USE</b>																								
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:																								
		<b>9. HVAC EQUIP.</b>																								
		<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:																								
		<b>10. SEWER</b>																								
		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____																								
		<b>11. WATER</b>																								
		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																								
		<b>12. ENERGY SOURCE</b>																								
		<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Fuel</th><th>Nat Gas</th><th>LP</th><th>Oil</th><th>Elec</th><th>Solid</th><th>Solar Geo</th></tr></thead><tbody><tr><td>Space Htg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Water Htg</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>													
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
		<b>13. HEAT LOSS</b>																								
		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																								
		<b>14. EST. BUILDING COST w/o LAND</b>																								
		\$ _____																								
<p>I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. 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.</p> <p><input type="checkbox"/> 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 without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.</p>																										
APPLICANT (Print): _____		Sign: _____																								
		DATE _____																								
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																										
<b>ISSUING JURISDICTION</b>	<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State →	State-Contracted Inspection Agency#:																								
		Municipality Number of Dwelling Location _____																								
<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>WIS PERMIT SEAL #</b>																								
Plan Review    \$ _____ Inspection       \$ _____ Wis. Permit Seal   \$ _____ Other               \$ _____ Total                \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control																									
		<b>PERMIT ISSUED BY:</b>																								
		Name _____																								
		Date _____ Tel. _____																								
		Cert No. _____																								

**VILLAGE OF HOLMEN**  
**Plumbing Permit/Sewer Hook-up Fees**

Date \_\_\_\_\_

The undersigned hereby applies for a permit to install/connect or alter plumbing appurtenances according to the following statement:

Address of Installation \_\_\_\_\_

Owner Name \_\_\_\_\_

Work Being Done: Outside Plumbing \_\_\_\_\_ Inside Plumbing \_\_\_\_\_

4" or 6" (circle one) Sewer Lateral \_\_\_\_\_ Size of Water Meter \_\_\_\_\_ Other \_\_\_\_\_

Firm Name \_\_\_\_\_ Address \_\_\_\_\_

Plumbers Signature \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

Public Works Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS PERMIT IS VALID UPON RECEIPT OF CHARGES BY THE VILLAGE TREASURER**

NOTE: On installations requiring excavation in a street right-of-way, the Contractor may be required to provide a certificate of insurance or a bond to the Village of Holmen before work commences.

**Residential Fees: Single-Family, Duplex, Twin do, Condo**

Sewer Hookup fees: \$540 each for the first 2 units, \$378 each for next 3-16 units and \$270 each for next 17 units and over.

*Southern Service Area:* A Contribution in Aid assessment of \$310 per REU, and \$225 per Mobile Home is applicable.

*Northwest Service Area:* A Contribution in Aid assessment of \$310 per REU (subject to annual adjustment based on CPI) is applicable.

*Northern Service Area:* A Contribution in Aid assessment of \$900/Acre is applicable.

**Commercial, Industrial & Institutional Fees:** Determine # of REU according to Village Code Chapter 150-46.

Sewer hook-up fees are \$540 for first two REU, \$378 next 14 REU, and \$270 for each additional REU. Within *Southern Service Area*, a Contribution in Aid assessment of \$1,000/acre is applicable. Within the *Northern Service Area* a Contribution in Aid assesment of \$900/acre is applicable. Within *Northwest Service Area*, a Contribution in Aid assessment of \$310 per REU (subject to annual adjustment based on CPI) is applicable.

	RESIDENTIAL PROPERTY	or	COMMERCIAL PROPERTY
# of Units or REU's _____	Units 1&2 = \$540 x _____ = \$ _____ Units 3-16 = \$378 x _____ = \$ _____ Units 17 & up = \$270 x _____ = \$ _____		REU's 1 & 2 = \$540 x _____ = \$ _____ REU's 3 - 16 = \$378 x _____ = \$ _____ REU's 17 & up = \$270 x _____ = \$ _____
In Southern Service Area?	If YES, then: \$310 x _____ units = \$ _____ OR For mobile homes \$225 x _____ units = \$ _____		If YES, then: \$1000 x _____ Acres = \$ _____
In NW Service Area?	If YES, then: \$310 x _____ units = \$ _____		If YES, then: \$310 x _____ REU's = \$ _____
In Northern Service Area?	If YES, then: \$900 x _____ Acres = \$ _____		If YES, then: \$900 x _____ Acres = \$ _____
Deferred Assessment?			
<b>TOTAL FEES</b>			

**Village of Holmen**  
**APPLICATION for EROSION CONTROL / STORM WATER CONTROL PERMIT**  
 Per Village Code of Ordinances Chapter 56 (adopted 11-9-06)

*NOTICE TO APPLICANT: Submission of this application grants permission for the Village or its agents to enter the property for inspection or curative action per Village Code Chapter 56-9 E(5) and H(3).*

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Property Owner & Phone: \_\_\_\_\_  
 (if not applicant)

Permit Applied for (circle both if applicable):                      Erosion Control                      Storm water Control

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_  
 (if applicant is not landowner, a signed & notarized statement authorizing applicant to act as owners agent must be included)

**SITE INFORMATION**

Site Address or Parcel # or Location: \_\_\_\_\_

Work Description: \_\_\_\_\_  
 (new home, commercial bldg. , subdivision, utility work, road work, driveway, landscaping, expansion or remodeling, etc...)

Size of Work Area: \_\_\_\_\_  
 (dimensions, square footage or yardage, acres, cubic yards of excavation or fill, etc...)

**WORK SCHEDULE** (list estimated begin & end dates by task for all construction activities)

**EROSION CONTROL COSTS** (list estimated costs by task)

**OTHER PERMITS** - Attach copies of any permits required by other governmental agencies.

**STOP HERE                      STOP HERE                      STOP HERE                      STOP HERE                      STOP HERE**

**FOLLOWING SECTIONS TO BE FILLED OUT BY VILLAGE OF HOLMEN STAFF ONLY**

Fee (circle):    \$125(SW)    \$75(EC<or = 5ac)    \$150(EC> 5ac)    Date Paid \_\_\_\_\_    Rec'd By \_\_\_\_\_

**ATTACHMENTS**

Notarized Owners Statement	Y	N	Copies of Other Permits	Y	N
Preliminary Review Letter	Y	N	Construction Plans	Y	N
Erosion Control Plans	Y	N	Storm Water Control Plans	Y	N

Date Approved \_\_\_\_\_ Permit # \_\_\_\_\_ # of Inspections Req'd. \_\_\_\_\_

Bond Req'd.    Y    N    Bond Type & Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Register of Deeds Affidavit Document # \_\_\_\_\_  
 (not required for erosion control permits)

If Permit Denied, Date of Fee Return \_\_\_\_\_  
 (revised 08/25/2011)

VILLAGE OF HOLMEN  
APPLICATION FOR UNMETERED WATER SERVICE  
revised February '08

See Village Code Chapter 187-5 for unmetered service charges and 187-16 for application procedures.

\*\*\*\*\*

Property Address \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Date Service Begins: \_\_\_\_\_ Date Service Ends: \_\_\_\_\_ (3 month max. service)

What type of work activities will the water be used for? (check all that apply)

cleaning tools \_\_\_\_\_ mixing mortar or concrete \_\_\_\_\_ lawn watering \_\_\_\_\_  
watering concrete slabs \_\_\_\_\_ dust control \_\_\_\_\_ other \_\_\_\_\_

Will a storage tank be used? If yes, size = \_\_\_\_\_

***PLEASE KEEP THIS PERMIT ON-SITE FOR REVIEW BY DPW PERSONNEL***

WARNINGS: Per Village Code Chapter 187-16, it is illegal to allow other construction sites to draw water from an unmetered water service.

Per Village Code Chapter 187-18, only Holmen DPW employees are allowed to turn-on water services. Unauthorized operation of valves will result in \$100 - \$500 fines for a first offense and \$200 - \$1000 fines for subsequent offenses.

\*\*\*\*\*

***THIS SECTION TO BE FILLED OUT BY VILLAGE STAFF***

Approved: Y N By: \_\_\_\_\_ Date: \_\_\_\_\_ Fee paid: \_\_\_\_\_

NOTES: Fee = \$37.60 water fee (up to 20,000 gallons) + \$15.00 sewer debt service fee = \$52.60  
No sewer volume charges are applicable.  
Make checks payable to Village of Holmen.  
Payments to budget code 610-40474-014

**Village of Holmen Building Permit Addendum  
Owner's Testimonial Regarding New Construction and Easements**

Please read carefully

Addendum to Building Permit # \_\_\_\_\_

I hereby acknowledge and accept all responsibility for the construction of a new structure on my property, and agree that I (including my builder/contractor) will comply with all zoning and building regulations of the Village of Holmen, La Crosse County and the State of Wisconsin. I further acknowledge that should I (including my builder/contractor) fail to comply with any zoning and building regulations that I shall be subject to fines, forfeitures and penalties, and shall be immediately responsible to rectify any such violation to the specifications of the Village.

Initials: \_\_\_\_\_

I hereby acknowledge that I have properly indicated all recorded easements (ie: electric, telecommunication, sewer, water, storm sewer, gas, etc.) on my permit application and that no encroachment on any such easement will occur due to the construction and building activities for which I am seeking a building permit. I further acknowledge that should my activities (including the activities of my builder/contractor) violate any easement restrictions on my property, that I hereby hold the Village of Holmen harmless, and I shall be immediately responsible to rectify any such violation, including the complete removal of the structure if so directed, and I shall immediately forfeit my building permit and all rights given to me therefor, until such time the violation to the easement is made whole.

Initials: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner/Rep)

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Village/Rep)

**OFFICE STAFF USE**

NOTES:

- There are **no** known easements that affect this construction.
- This property **has** a utility easement that will require a waiver (see contacts below).

**Utility Contacts:**

\_\_\_ Xcel Energy (Electric)-Ed Przytarski (608) 789-3631

\_\_\_ Xcel Energy (Gas)-Dan Marti (608) 789-3629

\_\_\_ River land Energy -Sharon Sluga (608) 323-3381

\_\_\_ Charter Communications-Perry McClellan (715) 370-7140

\_\_\_ Century Link-Monica Megyesi (330) 372-6048



**DRIVEWAY/SIDEWALK/ALLEY/UTILITY CONTRUCTION PERMIT**  
 Public Works Department \* Phone: 526-3513 \* Fax: 526-4357

Application Date: \_\_\_\_\_

<b>Owner Name:</b>			
<b>Owner Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone:</b>	<b>Email:</b>		
Are you insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you be doing the work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Contractor Name:</b>		<b>Supervisor:</b>	
<b>Contractor Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone:</b>	<b>Email:</b>		

<b>Type of Property:</b>	Commercial <input type="checkbox"/>	Residential <input type="checkbox"/>
<b>Project Address:</b>		
<b>Approximate Start Date:</b>		
<b>Driveway width at sidewalk to be</b>	<b>feet and at the curb</b>	<b>feet.</b>
<b>Applicant is Requesting:</b>	<b>New Curb Cut \$25</b> <input type="checkbox"/>	<b>Replacement Driveway \$25</b> <input type="checkbox"/>
<b>(Check all that Apply)</b>	<b>New Sidewalk \$25</b> <input type="checkbox"/>	<b>Replacement Sidewalk \$25</b> <input type="checkbox"/>
		<b>Water/Sewer Repair \$25</b> <input type="checkbox"/>
See attached detail for requirements.		

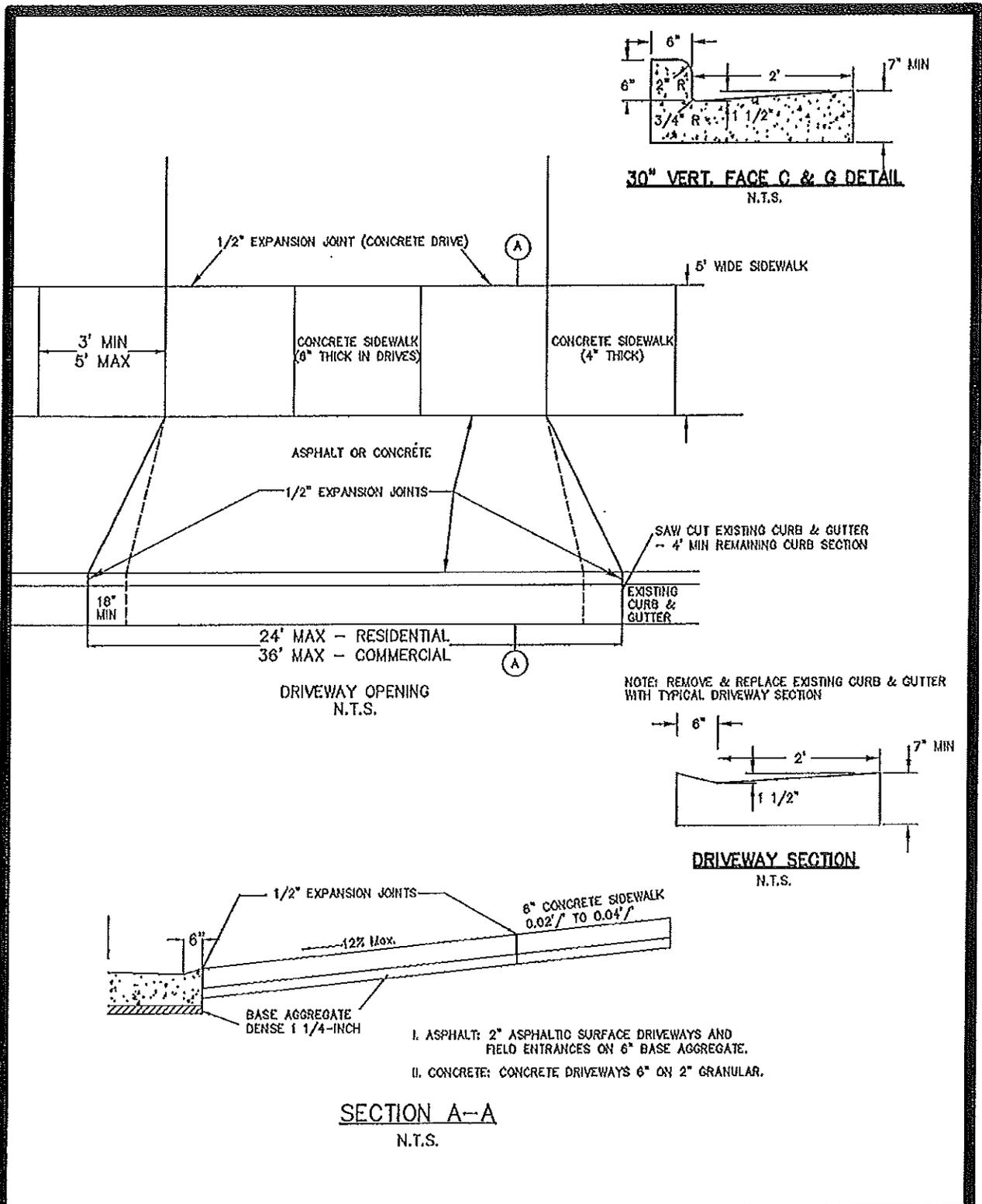
The undersigned understands and agrees that the permitted work shall comply with all permit provisions and conditions listed on and attached to this form. The undersigned also agrees that if the work does not comply with all permit provisions, the applicant shall make needed corrections directed by the Public Works Department. Temporary traffic control shall be provided and maintained by the applicant and shall comply with part 6 of the Manual on Uniform Traffic Control Devices (MUTCD).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

<b>Issue Date:</b>	
(Permit expires 6 months after the date)	
Approved <input type="checkbox"/> Referred to Public Works Committee <input type="checkbox"/>	<b>Date Referred:</b>
<b>Total Fee: \$</b>	<b>Fee Paid Date:</b>
<b>Fee Paid By:</b>	<b>Invoice No:</b>
<b>Driveway Type:</b> Std. <input type="checkbox"/> Special <input type="checkbox"/>	<b>Sub-Type:</b> Entrance to Private Residence <input type="checkbox"/> Parking Lot <input type="checkbox"/> Drive-In <input type="checkbox"/>
	Commercial or Industrial Bldg <input type="checkbox"/> Gasoline Filling Station <input type="checkbox"/>
<b>Parcel Number:</b>	
<b>Approved By:</b>	<b>Date:</b>



# SIDEWALK, CURB & GUTTER, DRIVEWAYS STANDARD DETAILS



Village of Holmen  
Inspection Department  
421 S Main St  
Holmen, WI 54636

Phone: (608) 526-4336//Fax: (608) 526-4357

**CERTIFICATE OF COMPLETION/OCCUPANCY**

Note: The Applicant will be assessed a re-inspection fee of \$50 per inspection category if the project is not complete and requires a second visit. Application received and time is stamped prior to 10:00am will be processed five working days from the date of application. Those received after 10:00am on the application day will require five full working days following the application date. The Village reserves the right to inspect sooner than five working days if conditions warrant.

Owner/Applicant Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractor Name \_\_\_\_\_

Location of Construction \_\_\_\_\_

**COMMERCIAL REQUIREMENTS FOR PERMIT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Commercial Site Plan Conditions Complete | <input type="checkbox"/> Exterior Building Complete                  |
| <input type="checkbox"/> Address Numbers Installed & Visible      | <input type="checkbox"/> Outside Grading Complete                    |
| <input type="checkbox"/> All Prior Inspections Corrections Made   | <input type="checkbox"/> Erosion Control in Place                    |
| <input type="checkbox"/> Electrical Complete                      | <input type="checkbox"/> All Egress Elements Complete                |
| <input type="checkbox"/> Plumbing Complete                        | <input type="checkbox"/> Safety Issues Complete (smoke alarms, etc.) |
| <input type="checkbox"/> Heating System Balanced & Reported       | <input type="checkbox"/> Building Interior Totally Completed         |
| <input type="checkbox"/> HVAC Complete                            | <input type="checkbox"/> Landscaping Completed                       |
| <input type="checkbox"/> Architect's Compliance Statement Sent    |  |

**RESIDENTIAL REQUIREMENTS FOR PERMIT:**

- |   |  |
|---|--|
| <input type="checkbox"/> Address Numbers Installed & Visible    | <input type="checkbox"/> Outside Grading Complete                    |
| <input type="checkbox"/> All Prior Inspections Corrections Made | <input type="checkbox"/> Erosion Control in Place                    |
| <input type="checkbox"/> Electrical Complete                    | <input type="checkbox"/> Exterior Building Complete                  |
| <input type="checkbox"/> Plumbing Complete                      | <input type="checkbox"/> Safety Issues Complete (smoke alarms, etc.) |
| <input type="checkbox"/> HVAC Complete                          | <input type="checkbox"/> Landscaping Completed                       |
| <input type="checkbox"/> Building Interior Completed            | If not, What is left: _____  |

By signature below, I hereby request a final occupancy inspection for the above stated property.

Name \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Seal/Permit # \_\_\_\_\_ Parcel/Tax ID # \_\_\_\_\_

Remarks / Approved \_\_\_\_\_  
\_\_\_\_\_

Erosion/Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_