

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION
APPLICATION FOR A GARDEN/UTILITY SHED (<150 SF)

**OPTIONAL SAME DAY PERMIT IF SUBMITTED PRIOR TO 3:30 P.M.
 (Subject to Staff Availability.)

Permit No. _____

Job Address: _____ **Today's Date:** _____

 Initials The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith. The undersigned assures that the above mentioned plans and specification have been designed to comply with all building, zoning and health ordinances and all other ordinances of the City of Waukesha as well as all applicable laws and orders of the State of Wisconsin.

 Initials The shed is no more than 150 sq. ft. in area.

 Initials **I have read and understand the codes and requirements of Section 22.58 of the City of Waukesha Municipal Codes and have read the Accessory Use Regulations Brochure. My plans reflect and comply with all limitations included therein.**

 Initials I have included 2 sets of plans and 2 surveys showing the location of the shed on the lot with distance from lot line clearly indicated.

Contracting Company _____ Dwelling Contractor Certification # _____ Exp Date _____
 Contractor's Name: _____ Dwelling Contractor Qualifier # _____ Exp Date _____
 Address _____ Contractor's Registration # _____ Exp Date _____
 City _____ State _____ Zip _____
 Telephone # _____ Fax # _____ **ESTIMATED COST:** _____

Owner _____ Telephone _____
 Address _____ City _____ State _____ Zip _____

This is a (Circle one) Single-Family or Duplex?

Is the BASE OF SHED concrete ___ asphalt ___ wood ___ metal ___ other ___

**Permits will be issued on the same day as received if the properly completed application form is submitted prior to 3:30 p.m. on days when the office is open for business.(Subject to staff availability.) The use of this optional form applies to those alteration projects which are limited in scope as spelled out on the appropriate application form. The issuance of this permit does not relieve the applicant and/or owner of their responsibility to be in compliance with all code requirements and the applicant accepts any and all risks and liabilities. If your project does not fit under the strict limitations associated with this application, use one of the regular applications.

 Print Applicant's Name Age Email Address

 Signature of Applicant / Date Signature of Approval / Date

- FOR OFFICE USE ONLY -

Size _____	Plan Review	\$ 55.00
Zoning District _____	Permit - .30/sf	\$ _____
_____ Initials of Receiver	Assessor Fees (Res \$10)	\$ 10.00
2 sets of plans required	Copies/Scan Fees	\$ _____
Needs 2 Plats of Survey showing location		
Only needs a BUILDING FINAL		
	TOTAL	\$ _____

THIS FORM IS TWO-SIDED

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RESIDENTIAL (includes 1 & 2 Family)

If the project is attached to the Residence, Contractor must have the following:

DWELLING CONTRACTOR CERTIFICATION

Is issued by the State to insure the contractor complies with:

1. Worker's compensation requirements.
2. Unemployment compensation requirements
3. Liability or bond insurance requirements.

AND

DWELLING CONTRACTOR QUALIFIER

Is issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.

FOR COMMERCIAL (includes Multi-Family over 2 units)

CONTRACTOR REGISTRATION NUMBER

Is issued by the State and required of any contractor who:

1. Works on public buildings
2. Works on places of employment
3. Works on one and two family dwellings
4. Works on public swimming pools or water attractions.

A Registration number is not required if the contractor has:

1. Dwelling Contractor Certification
2. Dwelling Contractor Certification – restricted
3. Manufactured Home Installer license
4. Electrical Contractor Certification
5. Electrical Contractor Certification-restricted
6. HVAC Contractor license
7. Elevator Contractor license