

Town of Silver Cliff

Building Permit Instructions

The owner, builder or agent shall complete the application form down through the Signature of Applicant block and submit it, building plans-specifications, site map and DNR disclaimer to the enforcing jurisdiction, Town of Silver Cliff. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. **Sheds 80 square feet or less do NOT require a building permit.** Building Permit is good for 2 years from date of issuance.

PERMIT:

- Please provide the parcel number of the building site
- Check off the type of permit, such as Structural, HVAC, Electrical or Plumbing.
- Fill in: owner's name, current mailing address, telephone number and email, if applicable.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats. , an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats. , the master plumber name and license number must be entered before issuing a plumbing permit.

PROJECT LOCATION:

- Fill in the Building Site Address (fire number and street name). Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA:

- Fill in all numbered project data blocks (1-11) with the required information. All data blocks must be filled in to the best of your ability.

AREA: (specifically involved in project):

- Basements - include unfinished area only
- Living area - include any finished area including finished areas in basements
- Two-family dwellings - include separate and total combined areas

Town of Silver Cliff

Building Permit Instructions (Continued)

OCCUPANCY:

- Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one- or two-family dwelling.
- Check the "Garage" and number of stalls/ square ft. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.

USE:

- Seasonal, permanent, or other (ie. Air BnB, Virbo, Rental)

ESTIMATED BLDG COST:

- Include the estimated total cost of construction, including materials and market rate labor, but not the cost of land or landscaping

SEWER:

- A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private onsite wastewater treatment system.

SIGNATURE:

- The owner or the contractor's authorized agent shall sign and date this application form. If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

CONDITIONS OF APPROVAL:

- The authority having jurisdiction uses this section to state any conditions that must be complied.

REMITTENCE:

- Please complete "Wisconsin Uniform Building Permit Application", the DNR Disclaimer, the completed Site Map, and a check for \$75.00 made out to the Town of Silver Cliff and remit to:

Town of Silver Cliff
N11929 County Rd I
Silver Cliff, WI 54104

Issuance:

- Once approved a Permit will be issued and sent to the mailing address provided.
- Please display on or near the fire number so it is visible from the road
- Any questions you may call the Silver Cliff Town Clerk @ 715-757-3163, please leave a message.

Town of Silver Cliff

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. (l) (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 Building Built Before 1978

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to the Wisconsin Department of Health Services' lead homepage for details of compliance.

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 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.

Owner's Signature: _____ Date: _____

Contractor Credential Requirements

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Industry Services.

TOWN OF SILVER CLIFF – MARINETTE COUNTY

38-030

GUIDELINES FOR BUILDING PERMITS – *New Dwellings*

****Permit Term is 2 Years**

****2.5 Acre Parcel Minimum**

- ❖ Sanitary Permit for Septic System
- ❖ Zoning Permit (If 1000 ft. of a lake or 300 ft. of a river) **Marinette County: (715) 732-7535**
- ❖ Parcel Number of Property (See Tax Statement)
- ❖ All Contractors Name(s) and License/ Certification Number(s) (ie. Plumbers/ Electricians must be licensed)
- ❖ 2 Sets of Building Plans **AND** 1 ****Site Plan Showing * Setbacks**
- ❖ **ONE DWELLING PER PARCEL**
- ❖ Estimate of Total Building Cost
- ❖ Type of Foundation and Heating System
- ❖ Energy Work Sheets (Heat Loss Calculations – Usually provided by Heating Contractors)
- ❖ Building Address
- ❖ Deck or Garage Square Footage

***SETBACKS: (Measured from the overhang)**

ALL Roads – 75 ft. from the Center of Road – Sides and Rear – 10 ft.

COSTS:

New Dwelling(s) (Includes 7 Inspections) 1 per Parcel. The following is per Silver Cliff Town Building Inspector:

- \$350.00 plus .15 (cents) per Finished Square Foot
- \$33.00 State Seal
- \$50.00 Electric Inspection
- \$75.00 Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)

Manufactured Dwelling(s) (Includes 3 Inspections) 1 per Parcel. Install per sps. 321.40. The following is per Silver Cliff Town Building Inspector:

- \$200.00 plus .15 (cents) per Square Foot
- \$33.00 State Seal, if applicable
- \$50.00 Electrical Inspection (New Service)
- \$75.00 Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)

Used Mobile Home(s) (Must be 10 years old or newer). Per Town of Silver Cliff:

- \$200.00 ****Includes 2 Inspections**
- \$75.00 Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)

****Inspection Report, Interior/ Exterior photos, and variance if older than 10 years old.**

Mobile home must be skirted within 90 days, have weather proof tie downs, wheels, and yoke removed; proof of manufactured date on foundation of block or slab (per sps. 321.40)

Variance: \$20.00 (Make checks payable to Town of Silver Cliff) Contact Sabin Rosenbaum @ (715) 757-2218

TOWN OF SILVER CLIFF – MARINETTE COUNTY
GUIDELINES FOR BUILDING PERMITS: New Dwellings (Continued)

** Permit Term is 2 Years *** 2.5 Acre Parcel

Relocate Dwelling (Includes 3 Inspections)

- \$200.00
- \$75.00 Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)

Additions/ Remodels (Includes 3 Inspections)

- \$150.00 less than 600 sq. ft.
- \$200.00 more than 600 sq. ft.
- \$50.00 if including plumbing
- \$75.00 Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)

Decks, Sheds, Garages

- Garage maximum of 2 stories/ Shed maximum of 1 story
- \$75.00 for Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)
- 25.00 Inspection fee, if necessary

***Any accessory building less than 80 sq. ft. and costing less than \$1000.00 and moveable, no permit is necessary

Basement: \$75.00 Town of Silver Cliff Permit (Make checks payable to Town of Silver Cliff)

Raze or Removal: No Charge but a Building Permit is Necessary

No Permit Necessary for any interior/ exterior cosmetic improvements or any alterations to an existing building which shall not effect a structural change and which conforms to all other building codes. (Per Building Permit Ordinance #81407 3.02g2)

****Site Plan** showing the position of any proposed and existing buildings in relation to all *setbacks is required **BEFORE** a building permit is issued (per Ordinance #81407 3.02b1)

FIRE NUMBER \$50.00 for each Fire Number Placard (Make checks payable to Town of Silver Cliff) Contact Silver Cliff Town Clerk @ 715-757-3163

Variance Contact: Sabin Rosenbaum @ 715-757-2218 (\$20.00 fee may be applied)

Condominium/ Duplex: Silver Cliff Planning Commission (Contact Sabin Rosenbaum @715-757-2218)

Permit Renewal: Additional 50% of Permit Fee and 1 year term

Starting without Permit: \$250.00 Citation in addition to ANY COURT COSTS

Missed Inspections/ Additional Inspections: \$50.00 each

Plan Reviews, Early Starts, Handicap Ramps, Occupancy Permits: NO CHARGE

Make Inspection Checks Payable to Nature's Edge Inspection Agency

Town of Silver Cliff Building Inspector Jane Meissner 715-245-1708

Mail to: Jane Meissner W11954 Kitty Dell Circle Crivitz, WI 54114

Email: Jane@NaturesEdgeInspections.com

WISCONSIN BUILDING CODE: www.dsps.wi.gov 1 & 2 Family Dwellings

TSC FORM 00114-03 2 of 2 Revised 04/01/2024

SITE PLAN

Please indicate:

- All existing buildings, locations, and dimensions of structure to be build;
- Measured setbacks from center of the road, sides and rear lot lines;
- Any waterways in relation to your property (ie: lake, river, creek, etc).



Name: _____ Date: _____

(Please Print)

Building Address: _____

Type of Project/ Structure: _____

Dept of Safety & Professional Services
Industry Services Division
Wisconsin Stats. 101.63, 101.73

Wisconsin Uniform Building Permit Application

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))]

Application No. _____

Parcel No. _____

PERMIT REQUESTED	<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:			
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Owner's Name	Mailing Address	Email:	Tel.
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Contractor Name & Type	Lic/Cert# Exp Date	Mailing Address	Tel. & Email
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Dwelling Contractor (Constr.)			
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Dwelling Contr. Qualifier	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		
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HVAC			
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Electrical Contractor			
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Electrical Master Electrician			
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Plumbing			
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PROJECT LOCATION	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
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Building Address	County	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.
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1. PROJECT	<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other
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2. AREA INVOLVED (sq ft)	Unit 1	Unit 2	Total
Unfin. Bsmt.			
Living Area			
Garage			
Deck/Porch			
Totals			

3. OCCUPANCY	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other	4. USE	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:
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5. CONSTRUCTION TYPE	<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. Per WI UDC <input type="checkbox"/> Mfd. Per US HUD
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6. STORIES	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	7. EST. BUILDING COST w/o LAND	\$ _____
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8. WALLS	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other	9. ELECTRIC	Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
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10. SEWER	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____	11. WATER	<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well
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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.

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.

APPLICANT (Print:) _____ **Sign:** _____ **DATE** _____

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

ISSUING JURISDICTION	<input type="checkbox"/> Town of <input type="checkbox"/> County of <input type="checkbox"/> Village of <input type="checkbox"/> State <input type="checkbox"/> City of	State-Contracted Inspection Agency#:	Municipality Number of Dwelling Location
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FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$	<input type="checkbox"/> Construction		Name _____
Inspection \$	<input type="checkbox"/> HVAC		Date _____ Tel. _____
Wis. Permit Seal \$	<input type="checkbox"/> Electrical		Cert No. _____
Other \$	<input type="checkbox"/> Plumbing		Email: _____
Total \$	<input type="checkbox"/> Erosion Control		