



Application for Appearance before the Architectural Review Committee

Owner's Name

Contractor's Name

Property Address

Address

Telephone

Telephone

Email

Email

Proposed project details (type of work, size, materials, etc.):

Project Proposal

Date / / | Property Address | Zoning

- Accessory Structures/Generators
- Additions/Remodel
- Bluff Management
- Commercial Signage
- Decks/Patios
- Fence
- Fire Pits
- Landscaping requiring Impervious Surface/Fill/Excavation Permit
- New Construction
- Play Structures
- Recreational Facilities/Courts
- Roofs
- Solar Panels/Skylights
- Swimming Pools
- Windows/Doors-change exceeds 25% of opening
- Other

Project description as it should appear on the agenda: _____

Proposed project details (type of work, size, materials, etc.): _____

******* For Office Use Only *******

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Color photographs showing project location, elevations and surrounding views
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) complete sets of building plans (including elevations and grading)
<input type="checkbox"/>	<input type="checkbox"/>	Survey
<input type="checkbox"/>	<input type="checkbox"/>	Samples or brochures showing materials, colors and designs
<input type="checkbox"/>	<input type="checkbox"/>	Application Fee
<input type="checkbox"/>	<input type="checkbox"/>	New Plan Review
<input type="checkbox"/>	<input type="checkbox"/>	ARC Agenda Date:
<input type="checkbox"/>	<input type="checkbox"/>	Building Permit
<input type="checkbox"/>	<input type="checkbox"/>	Fill Permit
<input type="checkbox"/>	<input type="checkbox"/>	Impervious Surface Permit
<input type="checkbox"/>	<input type="checkbox"/>	Plan Commission/Conditional Use Permit
<input type="checkbox"/>	<input type="checkbox"/>	Erosion Control Permit
<input type="checkbox"/>	<input type="checkbox"/>	Right-of-Way/Excavation Permit
<input type="checkbox"/>	<input type="checkbox"/>	Variance Required

2019 Architectural Review Committee (ARC) Meeting Information

Meeting date - 6pm in Village Hall, 9075 N Regent Rd, Bayside
Deadline for submission of application at 10am

ITEMS WHICH REQUIRE COMMITTEE APPROVAL:

- Accessory Structures exceed 15 feet in height/Generators, if over 48 cubic feet.
- Additions/Remodels.
- Commercial Signage.
- Decks/Patios, if over 18 inches in height or 150 square feet.
- Fences.
- Fire Pits, if over 18 inches in height.
- Landscaping or bluff management.
- New Construction.
- Play Structures or Recreational Facilities, exceeds 15 feet
- Roof, if changing aesthetics.
- Swimming Pools.
- Windows/Doors, if over 25% change in size, placement.
- Any other changes to a property that affect the exterior appearance by the building inspector.

INFORMATION REQUIRED TO APPLY:

- Building Permit application (if applicable)
 - ARC application
 - Right-of-Way, Excavation, and/or Impervious Surface Permit (if applicable)
 - Two (2) complete sets of building plans (including elevations and grading)
 - Photographs showing project location, elevations and surrounding views
 - Samples or brochures showing materials, colors and designs
 - All drawings shall be drawn to scale, and a copy of contracts supplied
 - Topographical survey (if necessary), if adding 150 square feet or more of impervious surface.
- ALL SURVEYS MUST SHOW THE FOLLOWING INFORMATION:**
- All structures located on the property
 - All impervious surfaces located on the property with dimensions
 - Distances to property lines and distances between structures
 - Dimensions of proposed structures

A \$60 filing fee is due when the ARC application is submitted. *Permit and filing fees are non-refundable.*

- Please be aware members of the ARC may visit the project site prior to the meeting.
- Building permits may be issued on the Friday following the meeting.



MEETINGS AND DEADLINES • 2019

MARCH						
MON	TUE	WED	THU	FRI		
				1		
4	5	6	7	8		
11	12	13	14	15		
18	19	20	21	22		
25	26	27	28	29		
B-Apr						

JUNE						
MON	TUE	WED	THU	FRI		
3	4	5	6	7		
17-Jun	18	19	20	21		
24	25	26	27	28		

SEPTEMBER						
MON	TUE	WED	THU	FRI		
2	3	4	5	6		
9	10	11	12	13		
16	17	18	19	20		
23	24	25	26	27		
7-Oct						
30						

DECEMBER						
MON	TUE	WED	THU	FRI		
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9	10	11	12	13		
16	17	18	19	20		
23	24	25	26	27		
30	31	H				
13-Jan						
H						

FEBRUARY						
MON	TUE	WED	THU	FRI		
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25	26	27	28			
11-Mar						

MAY						
MON	TUE	WED	THU	FRI		
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6	7	8	9	10		
20-May						
13	14	15	16	17		
20	21	22	23	24		
3-Jun						
27	28	29	30	31		
H						

AUGUST						
MON	TUE	WED	THU	FRI		
			1	2		
5	6	7	8	9		
19-Aug						
12	13	14	15	16		
19	20	21	22	23		
26	27	28	29	30		
15-Sep						

NOVEMBER						
MON	TUE	WED	THU	FRI		
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9-Dec						
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JANUARY 2019						
MON	TUE	WED	THU	FRI		
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7	8	9	10	11		
14	15	16	17	18		
21	22	23	24	25		
11-Feb						
28	29	30	31			

APRIL						
MON	TUE	WED	THU	FRI		
1	2	3	4	5		
8	9	10	11	12		
22-Apr						
15	16	17	18	19		
22	23	24	25	26		
6-May						
29	30					

JULY						
MON	TUE	WED	THU	FRI		
1	2	3	4	5		
15-Jul						
8	9	10	11	12		
15	16	17	18	19		
22	23	24	25	26		
5-Aug						
29	30	31				

OCTOBER						
MON	TUE	WED	THU	FRI		
1	2	3	4			
7	8	9	10	11		
21-Oct						
14	15	16	17	18		
21	22	23	24	25		
11-Nov						
28	29	30	31			

1-262-346-4577
SAFEbuilt, Inc.

WI UNIFORM PERMIT APPLICATION

hartfordinspections@safebuilt.com

Inspections need to be called in by 4 pm for next business day inspections

PERMIT NO. _____

TAXKEY# _____

ISSUING MUNICIPALITY

TOWN VILLAGE CITY
OF _____
COUNTY: _____

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

COMMERCIAL ONE & TWO FAMILY

Owner's Name _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Construction Contractor (DC Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Dwelling Contractor Qualifier (DCQ Lic No.) _____	Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor	Telephone - Include Area Code _____
Plumbing Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
Electrical Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____
HVAC Contractor (Lic No.) _____	Mailing Address - Include City & Zip _____	Telephone - Include Area Code _____

PROJECT INFORMATION

Subdivision Name _____

Lot No. _____

Block No. _____

Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks _____	Front _____ Ft.	Rear _____ Ft.	Left _____ Ft.	Right _____ Ft.
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1a. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____	3. TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial	6. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____	12. ENERGY SOURCE Fuel Nat. Gas L.P. Oil Elec. * Solid Solar Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.
1b. GARAGE <input type="checkbox"/> Attached <input type="checkbox"/> Detached	4. CONST. TYPE <input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	10. PLUMBING Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____	13. HEAT LOSS (Calculated) Total _____ BTU/HR
2. AREA Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____	5. ELECTRICAL Entrance Panel Size: _____ amp Service: _____ New _____ Rewire _____ Phase _____ Volts _____ Underground _____ Overhead Power Company: _____	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. ESTIMATED COST \$ _____

I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants 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 Notice to Permit Applicants form. 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 Notice to Permit Applicants form.

APPLICANT (PRINT): _____

SAFEbuilt, Inc.

Signature _____

Date _____

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
Electric Rough Service Final Plumbing Rough Underfloor Final HVAC Rough Final

FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. _____
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	RECEIPT CK# _____ Amount \$ _____ Date _____ From _____ Rec By. _____	PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.
		PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____	

Scope of Work

Only items listed are part of this permit. If work is done on items not listed on this permit they will be considered to have been completed without a permit and are subject to double fees.

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost _____

Signature _____

Date _____

Requested Changes at time of work

Must be submitted to the Village prior to or same day work is completed. Failure to return the same day will result in double permit fees.

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost _____

Signature _____

Date _____