



Community Development Department
2828 Allouez Avenue
Bellevue, WI 54311
(920) 468-5225

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The following information must be submitted with the uniform dwelling permit application. The permit will not be reviewed until the village receives **ALL** required forms and information, submitted as one package.

- Completed UDC building permit application, including all subcontractor license information
- 3 sets of plans (including footing/foundation, floor plans, elevations, construction cross section and wall bracing)
- Site plan showing building setbacks to property lines and any easements
- Erosion control plan (include tracking pad, silt fence and stock pile locations, drainage arrows)
- Heat loss calcs/RES CHECK, including heating and cooling equipment sizes
- Water calculations and water meter size
- Curb cut permit
- Setback and condition report
- Excavation in the Right-of-Way permit
- Brown County Shoreland Permit (if required), Brown County Zoning (920) 448-6480
- Brown County Sanitary Permit if the parcel is not served by municipal sewer, Brown County Zoning (920) 448-6480

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	<h2 style="margin:0;">Wisconsin Uniform Building Permit Application</h2> <p style="font-size: small; margin: 5px 0;">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))]</p>	Application No. Parcel No.
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name	Mailing Address	Tel.
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Contractor Name & Type	Lic/Cert#	Exp Date	Mailing Address	Telephone & 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	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP.	12. ENERGY SOURCE
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<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	<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:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar Geo</td> </tr> <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> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg	<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"/>
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo																			
Space Htg	<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"/>																			

2. AREA INVOLVED (sq ft)	4. CONST. TYPE	7. WALLS	10. SEWER	13. HEAT LOSS
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	Unit 1	Unit 2	Total	<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:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
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	Garage			<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	14. EST. BUILDING COST w/o LAND \$ _____
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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 second page 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"/> 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 _____
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FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
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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		Name _____ Date _____ Tel. _____ Cert No. _____ Email: _____
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INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing jurisdiction, which is usually your municipality or county. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. **Please type or use ink and press firmly with multi-ply form.**

PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- 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 Building Address (number and street or sufficient information so that the building inspector can locate the site).
- 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 (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (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
3. 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. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
10. Sewage - Indicate if the dwelling will be served by municipal sewer or privately owned treatment system. If a private system is used, include the Sanitary Permit number. Note: A building permit cannot be issued for a new dwelling that utilizes a privately owned wastewater treatment system until a sanitary permit has been issued. This applies to any new or existing private onsite wastewater treatment system that will be used by the dwelling.
13. Heat Loss – Provide heat loss summation data (BTUs/HR) derived from the ResCheck report or the "Heating System Sizing Summary Calculator" available on the Division's website: <http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/One-and-Two-Family-UDC>.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

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 with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

(Part of Ply 4 for Applicants)

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 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 how to be in 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 standards, and will comply with those standards.

Owner's Signature: _____ Date: _____



SITE PLAN DRAWING WORKSHEET

2828 Allouez Avenue Bellevue, WI 54311 (920)468-5225

Date Received _____ Parcel ID # _____

Building Address _____

Property Description: Lot _____ Block _____

Subdivision _____

Owner _____ Address _____

Contractor _____ Address _____

Phone Contact _____ Email _____

Subcontractors

Sewer, Water & Storm Laterals _____

Curbing _____

Site Plan

Attach a scaled drawing of the lot and proposed improvements. A drawing can be printed off from the Village of Bellevue website at www.villageofbellevue.org or from the Brown County website at www.co.brown.wi.us. Please ask staff for assistance with any questions.

Standard Erosion Control Plan for 1 & 2 Family Dwelling Construction Sites

According to Chapters ILHR 20 & 21 of the Wisconsin Uniform Dwelling Code, a soil erosion control plan needs to be submitted and approved prior to the issuance of building permits for 1 & 2 family dwelling units in those jurisdictions where the soil erosion control provisions of the Uniform Dwelling Code are enforced. This Standard Erosion Control Plan is provided to assist in meeting this requirement.

Instructions:

1. Complete this plan by filling in requested information, completing the site diagram and marking (✓) appropriate boxes on the inside of this form.
2. In completing the site diagram, give consideration to potential erosion that may occur before, during, and after grading. Water runoff patterns can change significantly as a site is reshaped.
3. Submit this plan at the time of building permit application.

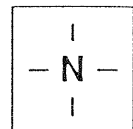
Site Diagram

Scale: 1 inch = _____ feet

EROSION CONTROL PLAN LEGEND

- — — — — PROPERTY LINE
- — — — — EXISTING DRAINAGE
- — — — — TD TEMPORARY DIVERSION
- — — — — FINISHED DRAINAGE
- — — — — LIMITS OF GRADING
- ■ ■ ■ ■ SILT FENCE
- ● ● ● ● STRAW BALES
- ▣ GRAVEL
- ① VEGETATION SPECIFICATION
- ☼ TREE PRESERVATION
- ⊗ STOCKPILED SOIL

Please indicate north by completing the arrow below.



PROJECT LOCATION _____

BUILDER _____ OWNER _____

WORKSHEET COMPLETED BY _____

UDC EROSION & SEDIMENT CONTROL CHECKLIST

Site ID: _____
 Site Name: _____
 Site Location: _____

Resp. Party: _____
 Inspector: _____
 Date: _____

Item				Properly Installed?			Properly Maintained?			Comment
	Y	N	NA	Y	N	NA	Y	N	NA	
Is the Erosion and Sediment Control Plan including any revisions maintained on site? Original Plan Date: _____ Most Recent Rev. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Were erosion and sediment control measures in place per ESC plan prior to site disturbance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Is there evidence of a discharge of sediment to a water of the state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Is there evidence of a discharge of sediment to an adjacent property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Mandatory practices are in place to prevent the following:										
Soil tracking into streets?										
Tracking Pad or Tire Washing (1057)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge of sediment into on-site stormwater inlets?										
Storm Drain Inlet Protection (1060)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge of sediment into abutting waters of the state?										
Silt Fence (1056)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Channel Erosion Mat (1052)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construction Site Diversion (1066)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetative Buffer (1054)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge of sediment from drainage ways that flow offsite?										
Channel Erosion Mat (1053)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ditch Checks (1062)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge of Sediment by Dewatering Activities?										
De-watering (1061)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge of Sediment eroding from stockpiles existing for more than 7 days?										
Silt Fence (1056)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeding (1059)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item				Properly Installed?			Properly Maintained?			Comment
	Y	N	NA	Y	N	NA	Y	N	NA	
Are additional practices required to meet the control standards of Comm 21.125(3) in place per ESC Plan?										
Construction Site Diversion (1066)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Land Application of Anionic Polymers (1050)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mulching (1058)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Channel Erosion Mat (1052)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sediment Bale Barrier (1055)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sediment Basin (1064)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sediment Trap (1063)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeding (1059)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Silt Fence (1056)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetative Buffer (1054)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the area of disturbance > 1 acre? If yes complete the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Are updated monitoring and maintenance records kept on site per Comm 21.125(3)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Is a post construction stormwater management plan maintained on site? Original Plan Date: _____ Most Recent Rev. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Has the site undergone final stabilization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Are stormwater management practices in place per PCSWM plan?										
Wet Detention Pond (1001)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bioretention Basin (1004)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infiltration Basin/Rain Garden (1003)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swales (1005)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a Notice of Termination (NOT) been issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Notes:

1. SOC Technical Standard shown in parenthesis.
2. Refer to SOC "Standard Checklist" for a listing of requirements associated with each SOC standard.

Instructions/Recommendations

Village of Bellevue

Setback and Condition Report

Building Address _____

Subdivision _____ Lot No. _____

Type of Building/Structure _____

Setbacks: Front ____ Back ____ Left ____ Right ____

I hereby declare that I have located all lot corners on the above lot and the setbacks listed above are accurate. I understand that I assume all risks involved with remedy in the event an error is made. (Note: All corner irons must be exposed for review.)

I understand that I am responsible for damages caused by myself and/or my subcontractors to Village property that may occur during construction. I have walked the site and checked the condition of the following:

	<u>OK</u>	<u>DEFICIENT</u>	<u>NOT VISIBLE</u>
Curb	_____	_____	_____
Gutter	_____	_____	_____
Hydrants	_____	_____	_____
Water Valves	_____	_____	_____
Clean Outs	_____	_____	_____
Manholes	_____	_____	_____
Sidewalks	_____	_____	_____
Curb Box	_____	_____	_____
Storm Drains	_____	_____	_____

Comments: _____

Applicant Name: (printed) _____

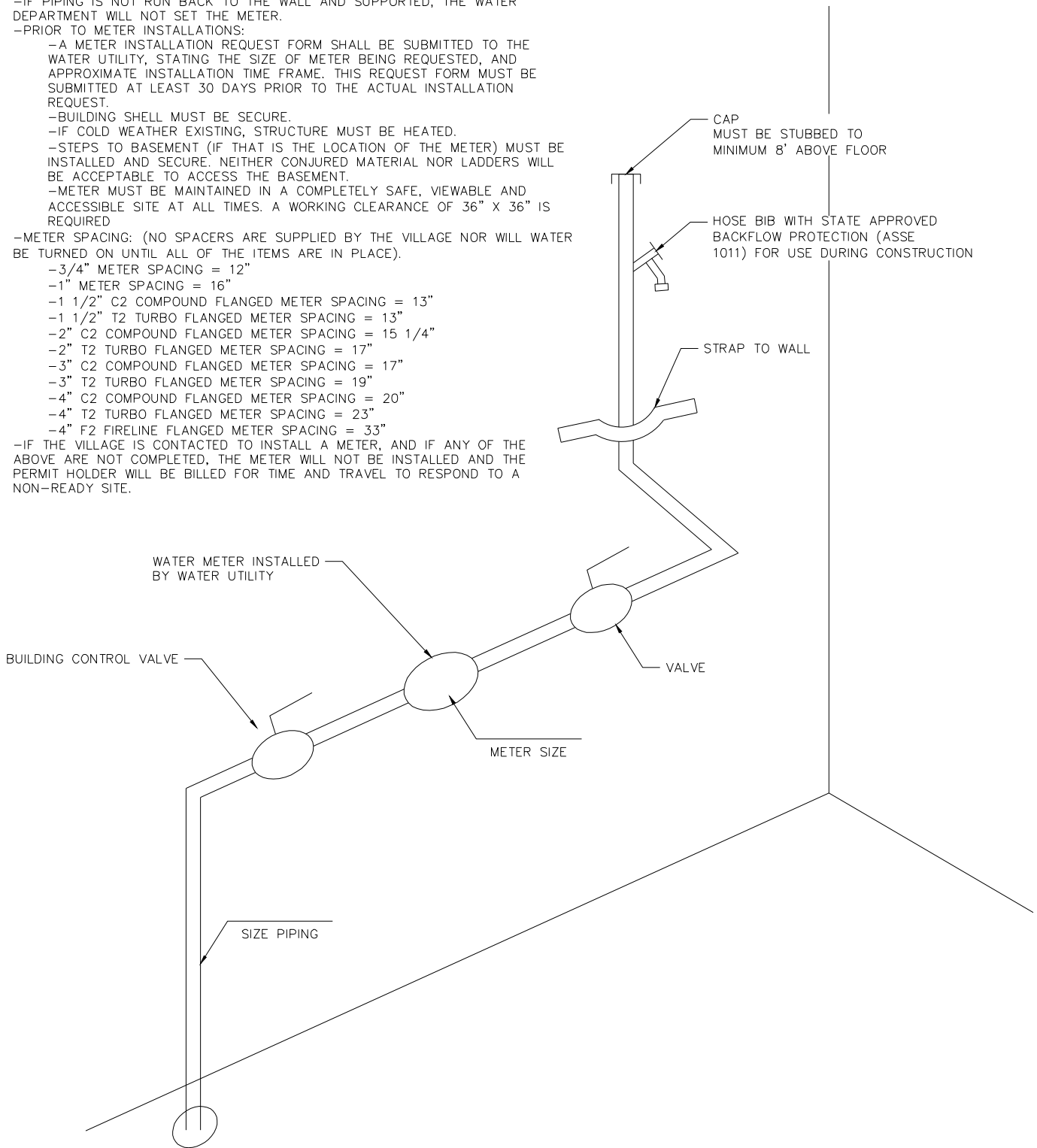
Address: _____

Signed: _____ Date: _____

Village review: Name _____ Date: _____

NOTES:

- IF PIPING IS NOT RUN BACK TO THE WALL AND SUPPORTED, THE WATER DEPARTMENT WILL NOT SET THE METER.
- PRIOR TO METER INSTALLATIONS:
 - A METER INSTALLATION REQUEST FORM SHALL BE SUBMITTED TO THE WATER UTILITY, STATING THE SIZE OF METER BEING REQUESTED, AND APPROXIMATE INSTALLATION TIME FRAME. THIS REQUEST FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE ACTUAL INSTALLATION REQUEST.
 - BUILDING SHELL MUST BE SECURE.
 - IF COLD WEATHER EXISTING, STRUCTURE MUST BE HEATED.
 - STEPS TO BASEMENT (IF THAT IS THE LOCATION OF THE METER) MUST BE INSTALLED AND SECURE. NEITHER CONJURED MATERIAL NOR LADDERS WILL BE ACCEPTABLE TO ACCESS THE BASEMENT.
 - METER MUST BE MAINTAINED IN A COMPLETELY SAFE, VIEWABLE AND ACCESSIBLE SITE AT ALL TIMES. A WORKING CLEARANCE OF 36" X 36" IS REQUIRED
- METER SPACING: (NO SPACERS ARE SUPPLIED BY THE VILLAGE NOR WILL WATER BE TURNED ON UNTIL ALL OF THE ITEMS ARE IN PLACE).
 - 3/4" METER SPACING = 12"
 - 1" METER SPACING = 16"
 - 1 1/2" C2 COMPOUND FLANGED METER SPACING = 13"
 - 1 1/2" T2 TURBO FLANGED METER SPACING = 13"
 - 2" C2 COMPOUND FLANGED METER SPACING = 15 1/4"
 - 2" T2 TURBO FLANGED METER SPACING = 17"
 - 3" C2 COMPOUND FLANGED METER SPACING = 17"
 - 3" T2 TURBO FLANGED METER SPACING = 19"
 - 4" C2 COMPOUND FLANGED METER SPACING = 20"
 - 4" T2 TURBO FLANGED METER SPACING = 23"
 - 4" F2 FIRELINE FLANGED METER SPACING = 33"
- IF THE VILLAGE IS CONTACTED TO INSTALL A METER, AND IF ANY OF THE ABOVE ARE NOT COMPLETED, THE METER WILL NOT BE INSTALLED AND THE PERMIT HOLDER WILL BE BILLED FOR TIME AND TRAVEL TO RESPOND TO A NON-READY SITE.



**VILLAGE OF BELLEVUE
WATER SERVICE METER PIPING DETAIL**

www.cedarcorp.com
800-472-7372



engineers • architects • planners • environmental specialists
land surveyors • landscape architects • interior designers

W61N497 Washington Ave. Cedarburg, WI 53012 262-204-2360 FAX 262-375-2688	2820 Walton Commons W. Suite 142 Madison, WI 53718 608-354-0037 FAX 608-249-5824	1496 Bellevue Street Suite 502 Green Bay, WI 54311 920-491-9081 FAX 920-491-9020	604 Wilson Ave. Menomonie, WI 54751 715-235-9081 FAX 715-235-2727
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INFORMATION REQUIRED TO CALCULATE WATER SERVICE SIZE

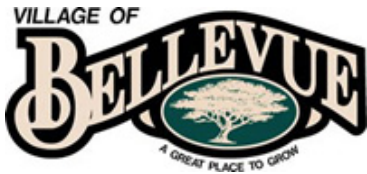
1. Demand of building in gallons per minute. WSFU's _____ = (GPM) _____
2. Difference in elevation from main or external pressure tank to building control valve. (feet) _____
3. Size of the water meter. (When applicable) 5/8" __, 3/4" __, 1" __, 1-1/2" __, 2" __, 3" __, 4" __, 6" __
4. Developed length from main or external pressure tank to building control valve. (feet) _____
5. Low pressure at main in street or external pressure tank. (psig) _____

CALCULATE WATER SERVICE PRESSURE LOSS

6. Low pressure at main in street or external pressure tank. (value of # 5 above) _____
7. Water service diameter is _____. Material is _____. Pressure loss per 100 ft = _____ psi. X _____ (decimal equivalent of service length, i.e.; 65ft = .65) _____
(Subtract line 7. from line 6.) **subtotal** _____
8. Determine pressure **gain or loss** due to elevation, (multiply the value of # 2 above by .434) value of "8" _____
9. Available pressure after the bldg. control valve. (Subtract or add line 8. Enter in "B".) **subtotal** _____

CALCULATE THE PRESSURE AVAILABLE FOR UNIFORM LOSS (VALUE OF "A")

- B. Available pressure after the bldg. control valve. (from "9" above) Value of "B" _____
- C. Pressure loss of water meter (when meter is required or installed) Value of "C" _____
(Subtract line C. from line B.) **subtotal** _____
- D. Pressure at controlling fixture. Value of "D" _____
(Controlling fixture is _____)
(Subtract the value of D.) **subtotal** _____
- E. Difference in elevation between the building control valve and the controlling fixture in feet _____ X .434 psi/ft. Value of "E" _____
(Subtract the value of E.) **subtotal** _____
- F. Pressure loss due to water treatment devices, instantaneous water heaters and backflow preventers which serve the controlling fixture. Value of "F" _____
(Pressure loss due to _____)
(Subtract the value of F.) **subtotal** _____
- G. Developed length from building control valve to controlling fixture in feet _____ X 1.5 Value of "G" _____
(Divide by the value of G.) **subtotal** _____
(Water distribution piping material is _____)
Multiply by _____ **100**
- A. Pressure available for uniform loss "A" = _____



TREE WORK & REMOVAL PERMIT APPLICATION

2828 Allouez Ave · Green Bay, WI 54311 (920) 468-5225

As required by Ordinance Number: 427.7

A Tree Work and Removal Permit is required prior to performing any of the following activities:

- Remove, destroy, cut, deface or injure any tree existing in the public area or attach any rope, wire, chain or sign.
- Prune, fertilize or spray any tree or shrub in a public area.
- Place or maintain upon the ground in any public area any stone, concrete, brick or other impervious material or substance.

Main Contact Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Primary Phone: _____ **Other Phone:** _____

Contractor (if applicable): _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Primary Phone: _____ **Other Phone:** _____

PROJECT INFORMATION:

Estimated date(s) of work: _____

Explanation of work to be performed: _____

Explanation of why project is needed: _____

Specify location and number of trees/shrubs involved: _____

PLEASE READ:

By signing below, I hereby acknowledge that I will perform or order the work for which the permit is sought in accordance with the provisions of Chapter 427.7 of the Village of Bellevue Code of Ordinances, the Urban Forestry Management Plan and with the regulations and standards set forth in the Arboricultural Specifications Manual.

In addition, I certify that I have read and understand those provisions of the Ordinance, Urban Forestry Management Plan and Arboricultural Specifications Manual which are pertinent to the work for which I am seeking permission to perform.

Signature: _____ **Date:** _____

PLEASE RETURN TO: Village of Bellevue
Attn: Village Forester
2828 Allouez Avenue
Green Bay, WI 54311

FOR OFFICE USE ONLY

Approved Denied Reason for Denial _____

Allowable Period for Work: From _____ To _____

Permit # _____ Approved By: _____ Date _____



TREE PLANTING PERMIT APPLICATION

2828 Allouez Ave · Green Bay, WI 54311 (920) 468-5225

As required by Ordinance Number: 427.7

- A Tree Planting Permit is required prior to planting any tree or shrub on any public area in the Village or to authorize or cause the same to be done.

Main Contact Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Other Phone: _____

Contractor (if applicable): _____ Email: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Other Phone: _____

PROJECT INFORMATION:

Estimated date(s) of work: _____

Species of tree(s)/shrub(s) to be planted: _____

Specific Location of tree(s)/shrub(s) to be planted (i.e. feet from curb, driveway, adjoining property, sidewalk reserve area, etc): _____

Number & Size of tree(s)/shrub(s) to be planted: _____

PLEASE READ:

By signing below, I hereby acknowledge that I will perform or order the work for which the permit is sought in accordance with the provisions of Chapter 427.7 of the Village of Bellevue Code of Ordinances, the Urban Forestry Management Plan and with the regulations and standards set forth in the Arboricultural Specifications Manual. In addition, I certify that I have read and understand those provisions of the Ordinance, Urban Forestry Management Plan and Arboricultural Specifications Manual which are pertinent to the work for which I am seeking permission to perform.

Signature: _____ Date: _____

PLEASE RETURN TO: Village of Bellevue
Attn: Village Forester
2828 Allouez Avenue
Green Bay, WI 54311

FOR OFFICE USE ONLY

Approved Denied Reason for Denial _____

Allowable Period for Work: From _____ To _____

Permit # _____ Approved By: _____ Date _____



VILLAGE OF BELLEVUE
2828 ALLOUEZ AVE,
GREEN BAY, WI 54311
920-468-5225 / FAX 920-965-1699

Village ROW Permit # _____

NEW HOME - Right of Way Permit Application
Curb Cut / Sewer Lateral / Water Lateral / Storm Lateral

APPLICANT / BUILDER INFORMATION

Owner Name: Contact Person:

Current Address:

City: State: ZIP Code:

Phone: 24 Hr Contact No.: FAX No.:

E-Mail:

Plans Submitted: Yes No Plans Prepared by:

Construction Warranty Form Enclosed: Yes N/A
(Required only if excavation in Street)

Erosion Control Measures Planned: Yes No Certificate of Insurance against liability to 3rd parties on File with The Village of Bellevue: Yes No

EXCAVATION / CONTRACTOR INFORMATION

Contractor Name: Contact Person:

Current Address:

City: State: ZIP Code:

Phone: 24 Hr Contact No.: FAX No.:

E-Mail:

LOCATION INFORMATION - Please include complete description of work area

Street Address:

DESCRIPTION OF PROPOSED WORK - CHECK ALL THAT APPLY

Install: Water Lateral Sanitary Lateral Storm Lateral Curb Cut/Drive

ORIENTATION - CHECK ALL THAT APPLY

Village ROW County ROW State ROW Utility Easement

ALL OTHER INFORMATION

Estimated Starting Date: Estimated Completion Date:



VILLAGE OF BELLEVUE
 2828 ALLOUEZ AVE,
 GREEN BAY, WI 54311
 920-468-5225 / FAX 920-965-1699

Page 2 of 3
 Village ROW Permit # _____

INSPECTION WORK PERFORMED FEE PART (II) CHECK SINGLE BOX

Inspection Fee for Curb Cut Only (Included in Application Fee)	<input type="checkbox"/>	NO FEE
Inspection Fee for Curb-Cut and/or Connecting to Existing Sanitary, Water, or Storm Laterals	<input type="checkbox"/>	NO FEE
Inspection Fee & Warranty Follow-up Inspection for Road/Street - Open-Cut/Boring Excavation within Impervious Areas	<input type="checkbox"/>	\$750.00

FEE CALCULATION

PART (I) PERMIT APPLICATION FEE	\$	50.00	
PART (II) WORK PERFORMED FEE	\$	_____	
TOTAL UTILITY PROJECT PERMIT FEE	\$	_____	Receipt # _____

SIGNATURES

The applicant agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy in effect at the time of this application, and with any special provisions listed below or attached hereto, and any plans, details, or notes attached hereto and made a part thereof.
 By signing, the applicant hereby accepts responsibility for the project.

Signature of Owner: _____ Date: _____

Signature of Contractor: _____ Date: _____

Signature of Municipal Representative: _____

Title of Municipal Representative: _____ Date: _____

VILLAGE COMMENTS AND SPECIAL PROVISIONS

Submit Completed Application to:
 E-mail to: dkropp@villageofbellevue.org
 or FAX to: 920-965-1699
 or Mail to: Village of Bellevue
 2828 Allouez Ave
 Green Bay, WI 54311



VILLAGE OF BELLEVUE
2828 ALLOUEZ AVE,
GREEN BAY, WI 54311
920-468-5225 / FAX 920-965-1699

Village ROW Permit # _____

FIVE-YEAR WARRANTY AGREEMENT

(Required for any Open Cut/Boring Excavations within the Actual Road Surface)

RECIPIENT'S INFORMATIONS

SEND TO: VILLAGE OF BELLEVUE
Attn: Public Works E-mail: dkropp@villageofbellevue.org
2828 Allouez Ave Phone: 920-468-5225
Green Bay, WI 54311 FAX: 920-965-1699

APPLICANTS INFORMATION

Owner's Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ FAX: _____ E-mail: _____
Emergency Contact Number: _____
Contact Person: _____ Phone: _____

CONTRACTOR PERFORMING WORK

Company Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ FAX: _____ E-mail: _____
Emergency Contact Number: _____
Contact Person: _____ Phone: _____

INFORMATION OF WORK TYPE AND LOCATION

Street Address / Location Description: _____
Complete Description of Work Conducted: _____

SIGNATURES

As the permit applicant listed above, I hereby agree to accept the financial responsibility for the maintenance of the designated utility work associated with the project (utility work, roadway, sidewalk, curb) on or along the above mentioned Municipal road, for the period of five (5) years, from the restoration/final acceptance date of the project completion certificate. Lawn restoration and landscaping shall be a two (2) year warranty. The warranty begins on the date of the acceptance by the Municipality. In an Emergency situation, if the Municipality notifies you of a maintenance problem, and it is not resolved in a timely manner, the Municipality will perform the maintenance on the project and all costs would then be billed to the owner of the facilities.

Signature of Permit Applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

FOR VILLAGE OFFICE USE ONLY

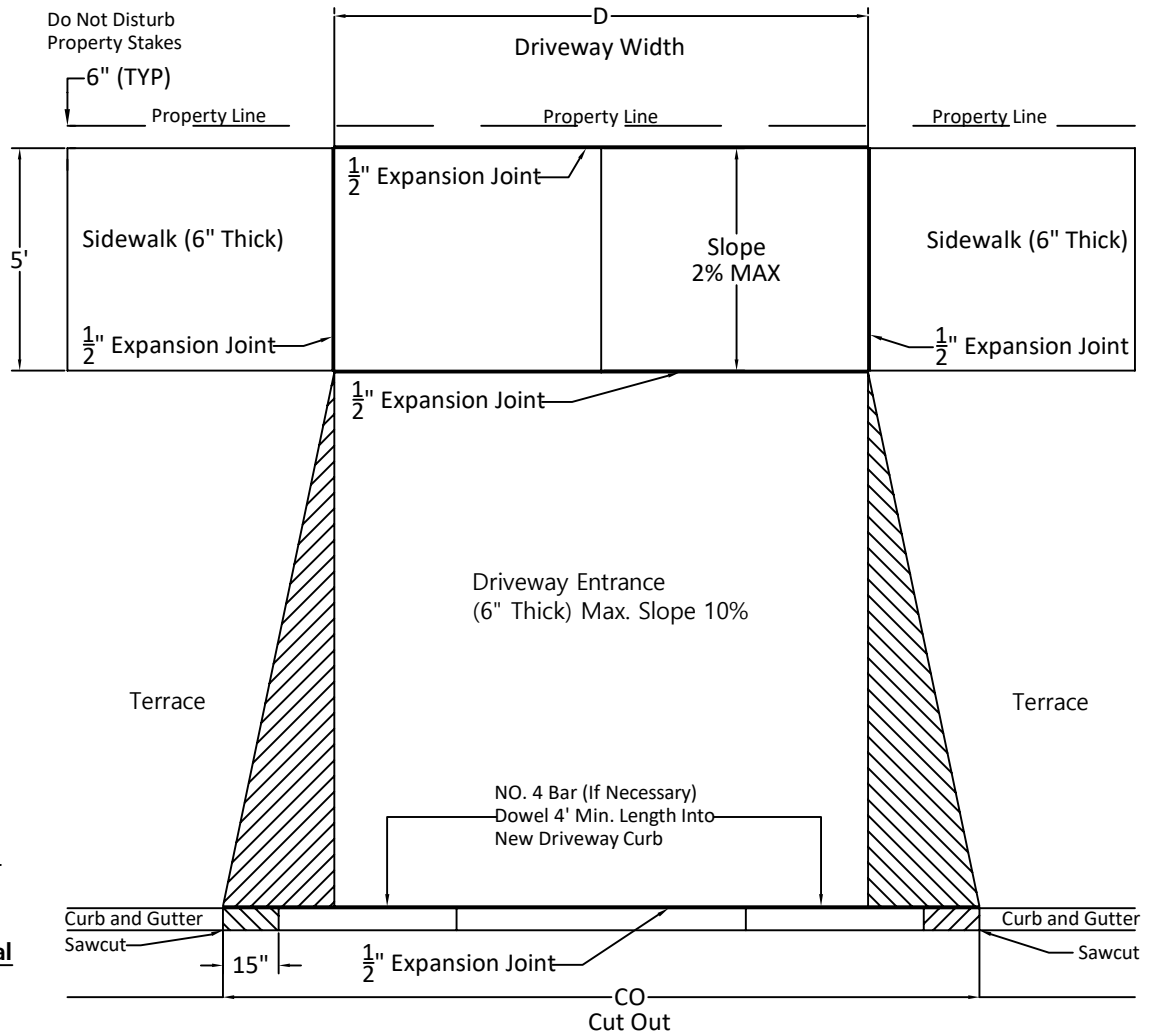
NOTIFICATION OF RECEIPT

Signature of Municipal Representative: _____ **Date:** _____

Printed Name: _____ **Title:** _____

NOTES:

Minimum Height Of Sidewalk Shall Be Calculated at $\frac{1}{4}$ " Per Foot From Back Of Curb (At Full Curb Height) To Back Of Sidewalk Plus One Inch



Single Width Residential

Max D=12', Max CO=17'

Double Width Residential

Max D=25', Max CO=30'

Commercial One Way

Max D=20', Max CO=30' Or As Shown On Approved Site Plan

Commercial Two Way

Max D=25', Max CO=35' Or As Shown On Approved Site Plan

COMMERCIAL

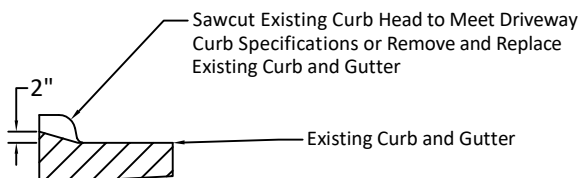
CO = D+10' Or Site Plan Dimension

RESIDENTIAL

CO = D+5' Or Site Plan Dimension

NOTES:

1. Driveway Entrance and Sidewalk Shall Be 6" Thick, Min. 6 Bag Mix
2. 6% Min. Air Entrainment
3. If Any Expansion Joint Is Within 3 Feet of Driveway Construction, The Curb Shall Be Removed To The Joint. Dowel The New Curb Into The Existing With NO. 4 Bars, 4' Long



Curb Cut and Driveway

Village Specifications

Revised Date: 3/9/2020

Public Works Department
2828 Allouez Avenue
Bellevue, WI 54311
(920) 468-5225

