



**TWO
RIVERS**
WISCONSIN

Submit to:
Inspections Dept
City of Two Rivers
P.O. Box 87
Two Rivers, WI 54241-0087
Email: zoning@two-rivers.org
Fax: 920-793-5512

BUILDING PERMIT APPLICATION - ALTERATIONS

1. Project Address _____
2. Owner _____
3. Building Type:
 Residence Commercial Industrial Institutional Accessory
4. Contractor _____ Phone _____
5. Dwelling Contractor License No. _____ Exp Date _____
6. Dwelling Qualifier License No. _____ Exp Date _____

Please complete the applicable sections below:

Roofing

- | | | | |
|---------------------|-----------------------------|------------------------------|---------------|
| Tear off | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Sheathing (replace) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Size: 7/16" |
| Ice & water shield | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Roof Vent(s) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Number: _____ |
| Ridge Vent | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Shingle type | <input type="checkbox"/> 25 | <input type="checkbox"/> 30 | Other: _____ |

Corrugated metal or fiberglass roofing materials are not allowed on dwellings
Ordinance 10-1-20(l)(6)

Siding

- | | | | |
|----------------------|--------------------------------|--------------------------------------|------------------------------|
| T/O existing siding | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Tyvek/House wrap | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 1/2" r-board | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 1/4" r-board | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Siding type | <input type="checkbox"/> Vinyl | <input type="checkbox"/> Other _____ | (vertical steel not allowed) |
| Alum soffit & fascia | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Trim windows/doors | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |

Windows & Doors

Total number of windows _____

<u>Location</u>	<u>Number</u>	<u>Type</u>				
Living	_____	Bow	Slider	Casement	Dbl-hung	Other _____
Kitchen	_____	Bow	Slider	Casement	Dbl-hung	Other _____
Dining	_____	Bow	Slider	Casement	Dbl-hung	Other _____
Bedroom	_____	Bow	Slider	Casement	Dbl-hung	Other _____
Bath	_____	Bow	Slider	Casement	Dbl-hung	Other _____
Basement	_____	Bow	Slider	Casement	Dbl-hung	Other _____

Number of entrance doors _____ Storms/screens ___No ___Yes
 Number of patio doors _____
 Will replacement windows/doors fit the existing openings ___No ___Yes
 If no, please attach a list including window location, current size and replacement size.

Cautionary Statement to Owners Obtaining Building Permits

Wisc. Stats. 101.65(lr) requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a state advising the owner that if the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insurance 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 damages to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of 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 1&2 Family Dwelling Code or an ordinance enacted under sub. (1)(a), because of any bodily injury to or death of others or for any damages to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

Owner/Occupant Affidavit

I vouch that I am or will be the owner/occupant of the dwelling for which I am applying for a building permit without Dwelling Contractor Certification and have read the cautionary statement above.

The undersigned here by accepts full responsibility for determining the existence and location of any property lines, easements, covenants, utility service lines, etc., that may affect the above described premises. I certify that the information set forth on this form is complete and accurate and hereby agree to comply with all applicable codes of the City of Two Rivers and the State of Wisconsin and with any conditions attached hereto.

Signed _____ Date _____

Project Cost _____ Permit Fee _____

Building Permit Fee Schedule

<u>Project Cost</u>	<u>Permit Fee</u>
Up to \$5,000	\$ 50
\$5,001 to \$6,000	\$ 60
\$6,001 to \$7,000	\$ 70
\$7,001 to \$8,000	\$ 80
\$8,001 to \$9,000	\$ 90
\$9,001 to \$10,000	\$100
\$10,001 to \$11,000	\$110
\$11,001 to \$12,000	\$120
\$12,001 to \$13,000	\$130
\$13,001 to \$14,000	\$140
\$14,001 to \$15,000	\$150
\$15,001 to \$16,000	\$160
\$16,001 to \$17,000	\$170
\$17,001 to \$18,000	\$180
\$18,001 to \$19,000	\$190
\$19,001 to \$20,000	\$200

(\$10.00 per thousand, rounded up to next thousand)