City of Kenosha
Department of Neighborhood Services and Inspections
625 52nd Street, Room 100, Kenosha, WI 53140
Phone: 262.653.4263, Fax: 262.653.4254

# APPLICATION PACKET FOR COMMERCIAL ALTERATION PERMIT

**Project Address**_____

**Office Use Only:**

**For an Interior Alteration:**

Please complete and submit the following:

_____ Commercial Alteration permit application

_____ Two (2) sets of plans (State-approved if over 100,000 cubic feet)

_____ One (1) additional set of plans (size 8 1/2" x 11" **or** 11" x 17")

_____ Cautionary Statement (required if the property owner is listed as the contractor); **OR**
State Licensing (required if a contractor is listed)

_____ Fire Department plan approval

Describe proposed work: _____

_____

_____

**Application Packet Reviewed By:**

_____

**Fire Department Approval:**

**For an Exterior Alteration** (including, but not limited to, window or door replacement):

Please complete and submit the following:

_____ Commercial Alteration permit application

_____ Two (2) sets of plans

_____ One (1) additional set of plans (size 8 1/2" x 11" **or** 11" x 17")

_____ Cautionary Statement (required if the property owner is listed as the contractor); **OR**
State Licensing (required if a contractor is listed)

_____ City Development Authorization:_____

Describe proposed work: _____

_____

_____

**Note:** You will be notified when your permits are ready; please do not submit payment with permit applications.

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# APPLICATION FOR COMMERCIAL ALTERATION PERMIT

This document must be legible or will be returned.

Project Address _____ Suite _____

Project Name _____ ***Contractor** _____

Mailing Address _____ Mailing Address _____

City _____ State_____ Zip_____ City _____ State_____ Zip_____

Phone (_____)_____ Phone (_____)_____

Contractor e-mail_____

***Note to Contractor:** Please see attached "State Licensing Requirements."

Project Contact Person_____ (not contractor)

Project Phone (_____)_____ (not contractor)

Estimated Cost (excluding plumbing, electric, and HVAC)_____

Check one (or both, if applicable) : □ Exterior Alteration □ Interior Alteration

Proposed Use _____ Square Feet _____

**For Office Use Only:**

Plan File #_____ Zoning_____ Review Chapter_____

OCCO needed: □ Yes □ No OCEX needed: □ Yes □ No Zoning Review_____

*I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all the above information is accurate. 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.*

Applicant Signature: _____

| DESCRIPTION | PRICE PER UNIT | QTY |
|---|---|---|
| ALTERATIONS | $ 12.00 per $1,000 of estimated cost | _____ |
| MINIMUM FEE | $ 75.00 Ea. | _____ |
| ZONING PLAN REVIEW | $ 60.00 Ea. | _____ |

| PLAN REVIEW SQUARE FEET | FEE | QTY |
|---|---|---|
| 0-1,000 | $ 180.00 | _____ |
| 1,001-2,500 | $ 300.00 | _____ |
| 2,501-5,000 | $ 420.00 | _____ |
| 5,001-10,000 | $ 540.00 | _____ |
| 10,001-20,000 | $ 670.00 | _____ |
| 20,001-30,000 | $ 780.00 | _____ |
| 30,001-40,000 | $ 900.00 | _____ |
| 40,001-50,000 | $ 1,020.00 | _____ |
| 50,001-75,000 | $ 1,140.00 | _____ |
| 75,001-100,000 | $ 1,260.00 | _____ |
| 100,001-200,000 | $ 1,380.00 | _____ |
| Over 200,000 | $ 1,800.00 | _____ |

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# State Licensing Requirements for Contractors:

**Note to Contractors of One- or Two-family Dwellings:**

Any contractor that performs work on a one- or two-family dwelling must possess the following two licenses:

1) Dwelling Contractor Number: _____

   Signature of Designee: _____

   Print Name:_____

2) Dwelling Qualifier Number: _____

   Dwelling Qualifier Licensee Signature:_____

   Print Name:_____

**Note to Contractors of Multi-family Dwellings or Commercial Projects:**

Any contractor that performs work on a multi-family dwelling or commercial property must possess the above two licenses **OR**:

Building Contractor Registration (BCR) Number:_____

Signature of Designee:_____

**Note to Property Owners:**

If the owner of the property is listed as the contractor, a license is not required; however, the attached "Cautionary Statement" must be signed by the property owner.

**CITY OF KENOSHA**
**Department of Neighborhood Services and Inspections**

## 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.

Owner's Signature:_____ Date:_____

## 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:_____

## PERMIT ISSUED SUBJECT TO THE FOLLOWING

1. Work shall be started within sixty (60) days of the issue date, or permit becomes **expired**.

2. Permit expires **six months to one year** after the issue date. See Department for details.

3. Fee for permit issued after work has commenced will be **two (2) times** the normal rate.

4. The applicant shall be responsible for obtaining the permit for the proper address. A permit is not transferable to another address.

5. Permits issued for razing buildings shall become null and void if work is not commenced and completed within thirty (30) days, or as stated.

6. All plumbing, electrical, and HVAC work shall be done by licensed contractors under proper permits.

7. Remodeled/renovated basement areas are not to be used as sleeping areas; unless in accordance with residential one- and two-family alteration and remodeling standards.

8. The applicant assumes full responsibility for proper location of property lines and the proper building/structure location from property lines.