

ZONING PERMIT

Zoning Permits are required for most building projects in the Town of Genesee. To discuss the application process with the Town Planner contact –

Town Planner - Mark Lyons or Shaun Mularkey

Office Hours Mondays 9 a.m. to 3 p.m.

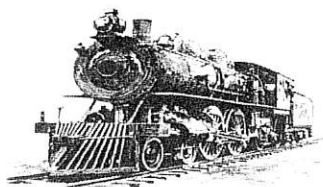
Phone – 262-968-3656

Email- planner@towngenesee.wi.gov

THE FOLLOWING TO BE SUBMITTED WITH THE ZONING APPLICATION

- Zoning Code Permit application ([click here for form](#))
- Three (3) copies of an accurate site plan or plat of survey (preferred), drawn to scale showing the following
 1. Location and dimensions of lot
 2. Location and dimensions of all existing/proposed buildings on lot and those within 50 feet of lot
 3. Location and centerline of all abutting streets
 4. High water line of any water body which lot abuts
 5. Location of existing/proposed wells and septic systems on lot and within 50' of lot
 6. Floor elevation of proposed new buildings
 7. Location of percolation tests and soil borings for new buildings
- Soil Tests, New house only
- Three (3) sets of building plans
- A grading plan, for all new homes & maybe required for additions
- Approval of the septic system by the Environmental Health Division is required prior to issuance of the Zoning Permit. Preliminary Site Evaluation forms are available at the Town Hall or go to the [Waukesha County Environmental Health Division link](#) (Check payable to WAUKESHA COUNTY)
- Applicable fee per schedule ([click for link](#))

Construction must **start within 6 months and be complete within 18 months** of the date of issuance of the Zoning Permit.



Town of Genesee
S43 W31391 Highway 83
P.O. Box 242
Genesee Depot, WI 53127
Tel: (262) 968-3656 Fax: (262) 968-3809

APPLICATION FOR A ZONING PERMIT

TAX KEY NO.: GNT

ZONING DISTRICT: _____

APPLICANT NAME, MAILING ADDRESS & DATE:

Printed Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

PROPERTY OWNER NAME, MAILING ADDRESS & DATE:

Printed Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

DESCRIBE IN DETAIL THE PROPOSED WORK TO BE COMPLETED:

EXISTING STRUCTURE(S)

Principal Structure:

Width _____ Depth _____ Height _____

1 Story _____ 2 Story _____ Split Level _____

No. of Bedrooms _____ No. of Bathrooms _____

Floor Area: 1st Floor _____ 2nd Floor _____

Garage _____ Basement _____

Accessory Structure(s):

List type of structure(s) and size: _____

Total sq. ft. s (don't include basement) _____

PROPOSED STRUCTURE(S)

Principal Structure:

Width _____ Depth _____ Height _____

1 Story _____ 2 Story _____ Split Level _____

No. of Bedrooms _____ No. of Bathrooms _____

Floor Area: 1st Floor _____ 2nd Floor _____

Garage _____ Basement _____

Accessory Structure(s):

List type of structure(s) and size: _____

Total sq. ft. s (don't include basement) _____

Size of Lot: Average Width _____ Average Depth _____ Total Square Footage _____

Three (3) COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION. The map should show (1) location and dimensions of lot, (2) location and dimensions of all existing/proposed buildings on lot and those within 50 feet of lot, (3) location and centerline of all abutting streets, (4) high water line of any water body which lot abuts, (5) location of existing/proposed wells and septic systems on lot and within 50' of lot, (6) floor elevation of proposed new buildings, (7) location of percolation tests and soil borings for new buildings. **SOIL TESTS, TWO SETS OF BUILDING PLANS AND A GRADING PLAN MAY ALSO BE REQUIRED.** APPROVAL OF THE SEPTIC SYSTEM BY THE ENVIRONMENTAL HEALTH DIVISION IS REQUIRED PRIOR TO ISSUANCE OF THE ZONING PERMIT. AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

Revised 7/24/15

Both of the undersigned state that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties.

Signature of Owner _____ Date _____

Signature of Agent _____ Date _____

Application (approved) (denied) by Zoning Administrator _____ Date _____

Conditions for approval or reasons for denial _____

Town Use Only

Fee Paid _____ Receipt No. _____ PSE Approved _____ BOA No. _____ PO No. _____

ZP No. _____ CU No. _____ File Copy _____ BI Copy _____ Assessor Copy _____ Owner Copy _____ Agent Copy _____

PLANNING AND ZONING PERMIT FEES

Permit Types	2026 Fees	
Accessory Buildings	\$ 100.00	
Accessory Structures, Decks, Patios, Pools	\$ 75.00	
Board of Appeals	\$ 300.00	*Plus Professional Fees
Conditional Uses with Plan of Operation	\$ 300.00	*Plus Professional Fees
Conditional Uses without Plan of Operation	\$ 300.00	*Plus Professional Fees
Multi-Family Zoning Permit	\$ 100.00	*Plus Professional Fees
Multi-Family/Condo's Conditional Use	\$ 125.00	*Plus Professional Fees
Multi-Family/Condo's - \$25.00 per unit fee	\$ 25.00	
New Single-Family Residences	\$ 400.00	
New Industrial & Commercial Buildings/Cell Towers	\$ 450.00	*Plus Professional Fees
Town Plan Commission Authorization or Approval	\$ 150.00	
Planned Unit Development Conditional Use	\$ 125.00	*Plus Professional Fees
Planned Unit Development - \$25.00 per unit feet	\$ 25.00	
Quarry, Clean Fill Sites	\$ 125.00	*Plus Professional Fees
Remodeling and/or Addition	\$ 250.00	
Site Plan/Plan of Operation	\$ 150.00	*Plus Professional Fees
Site Plan/Plan of Operation – New Operator or Owner	\$ 75.00	*Plus Professional Fees
Site Plan/Plan of Operation – New Sign	\$ 75.00	*Plus Professional Fees
Site Plan/Plan of Operation Amend (existing business)	\$ 100.00	*Plus Professional Fees
Comprehensive Land Use Plan Amendment	\$ 300.00	*Plus Professional Fees
Zoning Code Amendment	\$ 300.00	*Plus Professional Fees
Application Fees for “After the Fact” permits	Triple Fee	
Public Hearing – Solar	\$ 300.00	*Plus Professional Fees
Special Meeting Fees	\$ 600.00	*Plus Professional Fees
Zoning Verification Letters	\$ 75.00	Residential
Zoning Verification Letters	\$ 150.00	Commercial

*Plus Professional Fees – All professional fees (Planner, Attorney, Engineer, Etc.) will be billed at their hourly rate.

*If you need to go to Plan Commission, more than two accessory buildings, over 1600 sq. ft., there is an additional \$75.00 Special Exceptions fee.

Preliminary Site Evaluation Application

Waukesha County Department of Parks & Land Use, Environmental Health Division
515 W. Moreland Blvd., Room AC260 Waukesha, WI 53188 262-896-8300 FAX: 262-896-8298
Email: sod@waukeshacounty.gov

Date:	Name of Property Owner:		
Property Location:		City, Town, Village of:	
Phone:	Email:	Contractor Name:	
Mailing Address & Zip:		Phone: FAX:	

Improvement Description:

(Indicate the Improvement Option that applies – "A", "B" or "C")

Option A – Please check from the list below:

☐ Swimming Pool ☐ Wood Deck ☐ Pole Building ☐ Outbuilding ☐ Garage ☐ Other

Attach survey, blueprints or plans to this application showing the dimensions and location of the proposed improvement on the property.

Option B

☐ Building Addition and/or remodeling
☐ No change in number of bedrooms

Provide a description of the building and/or remodeling project.

☐ Land Division:

Creation of new land parcels that include an existing building served by a private sewage system.

Provide a survey showing the proposed land division, building location and the location of septic tank and soil absorption areas.

Option C

☐ Residential: Building Addition and/or remodeling that will result in an increase in number of bedrooms.

Existing number of bedrooms: _____

Proposed number of bedrooms: _____

☐ Public/Commercial: Building addition and/or remodeling that will result in an increase, decrease or change of building use or operation. Please check the appropriate box below: ☒

Increase in Building Usage: ☐ Same Usage: ☐

Decrease in Building Usage: ☐ Change of Use: ☐

Provide a description of the building and/or remodeling project. Attach a survey, blueprints and/or plans of the proposed improvement or development to this application.

* May require a soil test pit and profile evaluation to determine whether the existing private sewage system is in an area having a high water table or bedrock condition. Assuring proper siting and installation of private sewage systems will help prevent contamination of groundwater. If the soil profile evaluation shows that the private sewage system is installed in unsuitable soils, it is understood that a code complying private sewage system shall be ordered installed regardless of whether a building permit is issued.

Private sewage systems that are "failing" by discharging sewage to the ground surface or backing up into the building will be ordered replaced with a code complying private sewage system.

By signing this form, I state that I am the property owner; I have read the above statement and agree to its conditions. I also give permission for a Waukesha County representative to enter my property to determine that the proposed improvement complies with Comm. 83, Wisconsin Administrative Code and Waukesha County Sanitary Ordinance.

Printed Name of Property Owner

Property Owner Signature

FEES: To be submitted with application	Make Checks Payable to: "Waukesha County"	For Department Use Only:	
Option "A" \$56.00	For improvements or remodeling projects	Received By:	Date:
Option "B" \$72.00	involving more than one category, the fee	Fees Due:	Fees Paid:
Option "C" \$87.00	will be based on the greater amount.	WC Zoning Jurisdiction:	Yes No
		Current on Maintenance:	Yes No

BUILDING PERMITS

Building permits are required for most improvement projects to your property such as new residence, remodels, additions, pole barns, decks and pools. Please contact the Town Building Inspector prior to commencing **any** construction project to determine what (if any) permits are needed or required.

Building Inspector: Paul Launer

In office hours: Monday and Wednesday 9:30 - 10:30 am, Thursday by appointment

Monday - Friday 7 a.m. to 4 p.m. 262-825-8820
(by phone only hours)

Zoning Permits are required for ALL building permits

- Zoning Permit - click for application See Zoning Permit

information The following items may be required for building permits -

One (1) accurate copy of site plan or plat of survey

(preferred) Ditch Permit/ House number application - click

for application One (1) complete set of plans

One (1) copy of the sanitary permit

One (1) heat loss calculation for new homes and additions

One (1) Erosion Control Plan - 1 and 2 family homes, may be required for others permits, as directed by the Building Inspector

The following applications may be necessary -

General Building Application

Plumbing Application

Electrical Application

HVAC Application

Wisconsin Uniform Building Permit application form - new homes only

Contractors name, license numbers, address and phone number are required on the applications Preliminary Site Evaluation from Waukesha Co. Environmental Health, (Click for Waukesha County Parks and Land Use link for form) Prior to permit issuance

Commercial permit applications may need additional information provided - contact Building Inspector for clarification

Town of Genesee

S43W31391 HWY 83
Genesee Depot, WI 53127
Mailing address: P O Box 242
Genesee Depot, WI 53127

For inspections call:
262-825-8820

Zoning approved by: _____

Project Location (Building Address)
Project Description

Permit NO.
TAX KEY #
BUILDING PERMIT #
Zoning Permit #
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY

General Building Permit Application

Owner's Name		Mailing Address - Include City & Zip		Telephone - Include Area Code	
Contractor's Name		Mailing Address - Include City & Zip		Telephone - Include Area Code	
Estimated Cost	Email	License Number DC:	License Number DCQ:		

Permit Fees		Quantity	Fee
RESIDENTIAL- 1 and 2 Family			
New Structure	\$0.35 per sqr ft (all areas all levels) \$150 Minimum.....		
Remodel / Addition	\$10.00 per \$1000 of valuation \$150.00 Minimum.....		
Erosion Control	New Construction \$200 Addition / Accessory Structure \$100		
State Seal	\$40.00		
Accessory Structure	\$0.30 per sqr ft (all areas all levels) \$150 Minimum.....		
COMMERCIAL - INDUSTRIAL			
New Building	See Fee Schedule.....		
Remodel/Addition	\$13.00 per \$1000 of valuation \$300.00 Minimum.....		
AGRICULTURAL BUILDING			
New Building	\$0.20 per sqr ft (all areas all levels) \$150.00 Minimum.....		
Remodel/Addition	\$9.00 per \$1000 of valuation \$150.00 Minimum.....		
MISCELLANEOUS			
Decks, each	\$0.28 per sqr ft (all areas all levels) \$150 Minimum.....		
Pools	\$150 Above Ground / \$225 In-Ground.....		
Special Inspections	\$150.00 for the first hour, \$100 per hour after, 1 hour minimum		
Permit to start instruction of footings & foundation only			\$400.00
RAZING Residential	\$150.00.....		
Commercial	\$225.00.....		
Other			
Minimum Permit Fees	Residential and Agricultural \$150 Commercial \$300		
Reinspection Fee \$125	Failure to call for an inspection \$125		

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED. PERMIT FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____ DATE _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____ NO REFUNDS ON PERMITS	CK # _____ Date _____ From _____ Rec.By _____	Permit Expires 12 months from date of issuance _____	Name _____ Date _____ Cert.No. _____