

## 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

First Mondays 9AM to 3PM, Second and Third Wednesdays 9AM to 3PM, & Fourth Mondays 1PM to 4:30PM

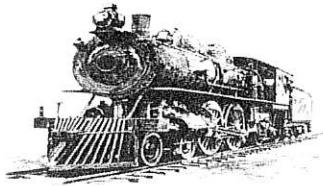
Phone – 262-968-3656

Email- [planner@towngenesee.wi.gov](mailto:planner@towngenesee.wi.gov)

### THE FOLLOWING TO BE SUBMITTED WITH THE ZONING APPLICATION

- Zoning Code Permit application
- 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

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 ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

DESCRIBE IN DETAIL THE PROPOSED WORK TO BE COMPLETED:

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**EXISTING STRUCTURE(S)**

**Principal Structure:**

Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

1 Story \_\_\_\_\_ 2 Story \_\_\_\_\_ Split Level \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_

Floor Area: 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_

Garage \_\_\_\_\_ Basement \_\_\_\_\_

**PROPOSED STRUCTURE(S)**

**Principal Structure:**

Width \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_

1 Story \_\_\_\_\_ 2 Story \_\_\_\_\_ Split Level \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_

Floor Area: 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_

Garage \_\_\_\_\_ Basement \_\_\_\_\_

**Accessory Structure(s):**

List type of structure(s) and size: \_\_\_\_\_

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

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 \_\_\_\_\_

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**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 \_\_\_\_\_

# 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:	
Phone: Email:	
Mailing Address & Zip:	
<b>Improvement Description:</b> (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**

<input type="checkbox"/> <b>Building Addition and /or remodeling</b> <input type="checkbox"/> No change in number of bedrooms	<input type="checkbox"/> <b>Land Division:</b> <b>Creation of new land parcels that include an existing building served by a private sewage system.</b>  Provide a survey showing the proposed land division, building location and the location of septic tank and soil absorption areas.
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**Option C**

<input type="checkbox"/> <b>Residential:</b> Building Addition and/or remodeling that will result in an increase in number of bedrooms.	<input type="checkbox"/> <b>Public/Commercial:</b> 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: <input checked="" type="checkbox"/>
Existing number of bedrooms: _____	Increase in Building Usage: <input type="checkbox"/> Same Usage: <input type="checkbox"/>
Proposed number of bedrooms: _____	Decrease in Building Usage: <input type="checkbox"/> Change of Use: <input type="checkbox"/>

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

<b>FEES:</b> To be submitted with application  Option “A” \$56.00 Option “B” \$72.00 Option “C” \$87.00	<b>Make Checks Payable to:</b> <b>“Waukesha County”</b>  For improvements or remodeling projects involving more than one category, the fee will be based on the greater amount.	<b>For Department Use Only:</b>  Received By: Date: Fees Due: Fees Paid: WCZoningJurisdiction: Yes No Current on Maintenance: Yes No
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## 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 f01m) Prior to permit  
issuance

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

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# 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	Permit NO.
Zoning approved by: _____	TAX KEY #
Project Location (Building Address)	BUILDING PERMIT #
Project Description	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
<b>RESIDENTIAL- 1 and 2 Family</b>			
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.....		
<b>COMMERCIAL - INDUSTRIAL</b>			
New Building	See Fee Schedule.....		
Remodel/Addition	\$13.00 per \$1000 of valuation \$300.00 Minimum.....		
<b>AGRICULTURAL BUILDING</b>			
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.....		
<b>MISCELLANEOUS</b>			
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		
<b>Permit to start instruction of footings &amp; foundation only</b>			\$400.00
<b>RAZING Residential</b>			\$150.00.....
Commercial			\$225.00.....
<b>Other</b>			
<b>Minimum Permit Fees</b>	Residential and Agricultural \$150    Commercial \$300		
<b>Reinspection Fee \$125</b>	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 _____	CK # _____ Date _____ From _____ Rec.By _____	Permit Expires 12 months from date of issuance	Name _____ Date _____ Cert.No. _____
NO REFUNDS ON PERMITS			