

Town of Rome
1156 Alpine Dr.
Nekoosa, WI 54457
(715) 325-8012

For obtaining permits for **COMMERCIAL BUILDINGS** (all buildings other than 1&2 family dwellings and accessory buildings incidental to the use of the dwelling) the following must be done before the Building Inspector can issue the permit:

1. Sanitary Permit – You must have a Sanitary Permit issued from Adams County Planning and Zoning office. Their number is (608) 339-4222. If you already have a septic system on your property and it is more than 2 years old, you need what is called a re-connect permit from the County.
2. Zoning Permit – If your building project is located within 1,000 feet of a lake or flowage, or within 300 feet of any stream, then you would be required to apply for a zoning permit from Adams County Planning and Zoning.
3. Town of Rome Zoning Permit – You must apply for and have approved a zoning permit from the Town Zoning Administrator.
4. Association Approval – If your property is located in an area governed by one of the Associations, for example; L Arrowhead Association, you must have your building plans approved by that Association.
5. State Approved Plans – Many types of commercial buildings require that the plans be approved by the State of WI Department of Commerce – Safety and Buildings Division
6. Two (2) Sets of Building Plans – must be submitted to the Town of Rome. If State approval is required, one of the plans must bear the State's original stamp of approval.

EACH SET OF PLANS SHALL CONTAIN THE FOLLOWING:

- a. Plot Plan showing the location of the building in relation to other buildings, wells, surface waters, property, and septic systems.
 - b. Floor Plans for each floor level that show the size and location of all rooms, doors, windows, structural features, exits, and stairs. The use of each room shall be indicated. The location of plumbing fixtures, chimneys, and heating and cooling appliances.
 - c. Elevations which show the exterior appearance of the building, indicate the location, size, and configuration of windows, roof, chimneys, exterior grade, footing and foundation walls, and include the type of exterior finish.
7. Building Permit Application – You will need to submit a completed Uniform Building Permit Application, along with the permit fees and other municipal fees that may be required at the time of construction. Permits for the mechanical and electrical installations of the building (i.e. HVAC, Electrical, and Plumbing) are applied for on the separate permit application.

If you are not sure if the building you are proposing requires state approved plans, ask the local inspector or call one of the following regional state offices. These are full service offices where plans may be submitted.

HAYWARD
10541 N. Ranch Rd.
(715) 634-4870
Fax: 715-634-5150

LACROSSE
4003 N. Kinney Coulee
(608) 785-9334
Fax: 608-785-9330

MADISON
201 W. Washington Ave.
(608) 266-3151
Fax: 608-267-9566

SHAWANO
1340 E. Green Bay St.
(715) 524-3626
Fax: 715-524-3633

WAUKESHA
401 Pilot Court
(262) 548-8600
Fax: 262-548-8614

GREEN BAY
2331 San Luis Pl.
(920) 492-5601
Fax: 920-492-5604

Plumbing plans may also have to be approved by the State of Wisconsin depending on the number of fixtures installed in the building. (Currently, the number of fixtures is 16 or more)

Information

Driveway Permit – All driveways installed, altered, changed, replaced, or extended after 10/10/96 must have a driveway permit and be approved as to location by the Director of Public Works. Driveways on the County Trunk System require a County driveway permit issued by Adams County.

You also need to be aware of mailbox placement locations and the Town of Rome road right of way requirements. See the pages of this handout for information.

All this information and forms are available at the Town of Rome's Website at www.romewi.com Along with applications for other types of permits also.

TOWN OF ROME
ZONING PERMIT APPLICATION

New Commercial Buildings

I. Date: _____ Permit Fee: \$225.00 Permit No.: _____

II. Property owned by: _____
Mailing address: _____
City, state, zip: _____
Phone: _____

III. Property description:
Zoned as: _____ Shoreland area: ___Yes ___No Wetland area: ___Yes ___No
Address: _____
Lot #: _____ Subdivision: _____
Legal description: _____

IV. Property size:
Width: _____ Length: _____ No. Acres: _____

V. Property use:
Present use(s) of property & structure(s):
Principal structure: _____
Accessory structure(s): _____
Land use(s): _____

Proposed use(s) of property & structure(s):
Principal structure: _____
Accessory structure(s): _____
Land use(s): _____

Have you applied for Association Approval? ___Yes ___NO ___Not Applicable

VI. **Lot lines must be marked and building site must be staked before a zoning permit is issued.** Call 715-325-8019 when ready for setback inspection.

VII. **Submit plot plan showing those applicable of the following:**

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Lot and dimensions. | 5. Existing & proposed use of each structure. |
| 2. Existing & proposed structures. | 6. All setbacks (lot line, adjacent structures, road, well, septic {tank & drainfield}, surface water). |
| 3. Abutting roads, lakes, streams. | 7. Building plans for new construction. |
| 4. Existing & proposed driveways, parking areas, open space, landscaping. | 8. Elevations of existing & proposed structures. |
| | 9. # of persons occupying each structure. |

VIII. The undersigned hereby applies for a zoning permit, and agrees that all work will be done in accordance with County zoning, Town of Rome zoning, building code, and/or subdivision ordinances, and all laws of the State of Wisconsin.

IX. By signing this application you give permission to Town officials to inspect the property listed in item III.

X. Signature of owner / agent: _____ Phone: _____

_____ Approved Date: _____ _____ Denied Date: _____

Signature of department official: _____

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.02 (a) 3.

UNIFORM
BUILDING PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED ELECTRICAL PLUMBING HVAC OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION NEW CONSTRUCTION ADDITION REMODEL
 ONE AND TWO FAMILY COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
ONE AND TWO FAMILY DWELLINGS			
GARAGES	UP TO 600 SQ. FT. \$50.00	_____ Sq. Ft.	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.		
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____ Value	_____
	MINIMUM OF \$50.00		
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$50.00	_____ Sq. Ft.	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.		
COMMERCIAL BUILDINGS			
NEW	\$.09 PER SQ. FT. + \$225.00	_____ Sq. Ft.	_____
REMODELING/ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____ Value	_____
	MINIMUM OF \$100.00		
RE-INSPECTION FEE	_____ \$25.00 EACH		
FAILURE TO CALL FOR INSPECTION	_____ \$25.00 EACH		
		Total	_____

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN <input type="checkbox"/>	NAME _____
INSPECTION FEE _____	VILLAGE <input type="checkbox"/>	DATE _____
OTHER _____	CITY <input type="checkbox"/>	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

UNIFORM
ELECTRICAL PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED CONSTRUCTION PLUMBING HVAC OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION NEW CONSTRUCTION ADDITION REMODEL
 ONE AND TWO FAMILY COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE
1. Light, switch, and convenience outlet _____	.40	_____	_____
2. Power receptacles over 150 volts, first 30 amps _____	5.00	_____	_____
over 30 amps _____	6.00	_____	_____
3. Lighting fixtures, incandescent _____	.40	_____	_____
4. Tubular lamp, such as fluorescent, per tube _____	.25	_____	_____
5. Arc light, search light, floodlight, mercury light pole base and poles _____	3.00	_____	_____
6. Temporary service and temporary wiring installation _____	50.00	_____	_____
7. Service switch, each or alteration thereof _____	_____	_____	_____
first 200 amperes _____	50.00	_____	_____
over 200 amperes – additional per 100 amps or a fraction thereof _____	10.00/100 amps	_____	_____
8. Range, oven, clothes dryer, dishwasher, disposal, water heater _____	5.00	_____	_____
9. Residential gas, oil, and electrical furnaces _____	5.00	_____	_____
10. Air conditioners, refrigeration unit _____	5.00	_____	_____
11. Combination heating and air conditioning unit up to 5 ton _____	10.00	_____	_____
over 5 ton _____	20.00	_____	_____
12. Feeder, subfeeder, and raceway – per 100 ampere capacity or fraction thereof _____	5.00/100 amps	_____	_____
13. Each motor, per HP or fraction thereof _____	50/HP – 1.00 Min.	_____	_____
14. Dispenser, - gasoline, fuel oil, permanent vending machines, and well pump _____	6.00	_____	_____
15. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace _____	.50/KW	_____	_____
16. Electric unit heating device (including remote thermostat) _____	2.00	_____	_____
17. Swimming pool (electrical wiring and grounding) _____	25.00	_____	_____
18. Sign – fluorescent, neon or incandescent _____	15.00	_____	_____
19. Strip lighting, plug-in strip, trolley duct wire-way, gutter _____	.50/Ft.	_____	_____
20. Hydro massage and hot tubs _____	10.00	_____	_____
21. Fire alarm system _____	15.00	_____	_____
22. Exit lighting system _____	15.00	_____	_____
23. Approved assemblies not included above and others _____	25.00	_____	_____
24. Other (Specify) _____	25.00	_____	_____

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

UNIFORM
PLUMBING PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED _____ CONSTRUCTION _____ ELECTRICAL _____ HVAC _____ OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____ EST. _____

PROJECT DESCRIPTION _____ NEW CONSTRUCTION _____ ADDITION _____ REMODEL _____
ONE AND TWO FAMILY _____ COMMERCIAL _____

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00		_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00	_____	_____	19. Urinal	5.00	_____	_____
2. Sink (Kitchen, Mop, Etc.)	5.00	_____	_____	20. High Pressure Boiler	25.00	_____	_____
3. Dishwasher	5.00	_____	_____	21. Drinking Fountain	5.00	_____	_____
4. Garbage Grinder	5.00	_____	_____	22. Wash Fountain	5.00	_____	_____
5. Water Closet	5.00	_____	_____	23. Sanitary Building Drain			
6. Shower	5.00	_____	_____	First 75 Feet	10.00	_____	_____
7. Lavatory	5.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
8. Laundry Tray	5.00	_____	_____	24. Storm Building Drain			
9. Bath Tub	5.00	_____	_____	First 75 Feet	10.00	_____	_____
10. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
11. Floor Drain	5.00	_____	_____	25. Manhole	10.00	_____	_____
12. Sight Drain	5.00	_____	_____	26. Catch Basin	5.00	_____	_____
13. Sillcock	2.00	_____	_____	27. Other _____			
14. Water Heater	5.00	_____	_____				
15. Sump Pump	5.00	_____	_____				
16. Ejectors or Pump	5.00	_____	_____				
17. Water Softener	5.00	_____	_____				
18. Backflow Prevention Device	5.00	_____	_____				

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

**UNIFORM
HEATING, VENTILATING, and AIR CONDITIONING
APPLICATION**

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED CONSTRUCTION PLUMBING ELECTRICAL OTHER

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION _____ NEW CONSTRUCTION _____ ADDITION _____ REMODEL _____
ONE AND TWO FAMILY _____ COMMERCIAL _____

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT & MODIFICATIONS OF HEATING & AIR CONDITIONING EQUIPM & MISC. ITEMS

	EACH	COUNT	FEE
Gas, oil, electric and coal furnace and boiler	\$25.00	_____	_____
First 150,000 BTU	\$25.00	_____	_____
150,000 BTU	\$3/50,000 BTU	_____	_____
All Over 150,000 BTU		_____	_____
Air Conditioning	\$25.00	_____	_____
All Over 36,000 BTU		_____	_____
Fireplace and wood burning stove	\$25.00	_____	_____
Electric baseboard, wall unit and cabinet unit	\$1.25/KW	_____	_____
Duct work alteration	\$25.00	_____	_____
Other	\$25.00	_____	_____

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH
FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH
DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	



Right-of-Way Permit

ANY QUESTIONS CONCERNING THIS PERMIT SHOULD BE DIRECTED TO THE SUPERINTENDENT OF HWYS/PUBLIC WORKS AT 715-325-8017.

Important notice: This application is for administrative purposes only. You will not receive notification or be contacted about your driveway or Landscaping unless there is a problem or if a culvert is needed. Requirement of road base material shall be installed prior to construction of new dwelling or access to any properties. All granted permits shall follow all policies and procedures of the Town of Rome. No exclusion will be granted. All concrete, asphalt paved, access driveways and landscaping shall be inspected prior to installation and a re-inspection after installation. Failure to comply with Chapter 4 may result in the driveway or landscaping having to be replaced.

Please circle:

*New Driveway: \$25, *Changing Existing Driveway: \$25, * Temporary Access: \$25,

*Landscaping: \$25, *Open Cut: \$250, *Open Cut Bond: \$5000, *After fact fee: \$500

Type of material: _____

Type of Installation: _____

Approximate Length: _____ Width _____ Cost: _____

Applicant Property Name _____

Address _____ Phone # _____

Mailing Address (if different from above) _____

Contractor Name & Address (if different from above)

Estimated Start Date: _____ Estimated Restoration Date _____

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Town of Rome in effect at the time of application, and with any special provisions attached hereto, and any and all plans, details or notes attached hereto and made a part thereof.

Bond Provided _____ Proof of Liability Insurance _____

*Copies of Bond and Proof of Liability Insurance shall be provided prior to acceptance of the permit.

Signature _____ Date _____

Office Use Only	
Permit # _____	Fees Paid _____
Signature _____	Date _____

TOWN OF ROME DRIVEWAY PERMIT

**FAILURE TO COMPLY WITH THIS ORDINANCE MAY RESULT IN THE DRIVEWAY HAVING TO BE REPLACED.
ANY QUESTIONS CONCERNING THIS PERMIT SHOULD BE DIRECTED TO THE SUPERINTENDENT OF
HIGHWAYS/PUBLIC WORKS AT 715-325-8017.**

4.02 (2)(g) All driveways installed, altered, changed, replaced or extended after the affected date of this chapter shall meet the following requirements.

1. The maximum number of driveway openings for vehicular ingress and egress permitted for lots with a width less than one hundred (100) feet shall be one (1) and for lots with a width greater than one hundred (100) feet, two (2) driveway openings may be permitted with approval of the Superintendent of Highways.
2. Vehicular entrances and exits to any business, industry or public lots shall be not less than two hundred (200) feet from any pedestrian entrance or exit to a school, college, university, church, hospital, park, playground, library, public emergency shelter, or other place of public assembly.
3. Openings for vehicular ingress and egress shall not exceed thirty (30) feet at the property line and thirty-five (35) feet at the roadway for all uses except the if curb and gutter are present the maximum curb opening for all residential districts shall be twenty-five (25) feet at the roadway if applicable.
4. Driveways shall be at least ten (10) feet wide for one (1) and two (2) family dwellings, at least eighteen (18) feet for farmsteads, and a maximum of forty (40) feet at the roadway for all other uses, except the maximum curb and gutter opening for all residential districts shall be twenty-five (25) feet if applicable.
5. A driveway access will be determined by the main intersecting road. Any parcel or lot that is located on a corner will be determined by the Superintendent of Hwys/Public Works.
6. No direct private access shall be permitted to the existing or proposed right-of-way of roads, or to any controlled access arterial road without permission of the road agency that has access to control jurisdiction.
7. The surface of the driveway connecting with the roadway shall slope down and away from the road shoulder a sufficient amount and distance to precluded ordinary surface water drainage from the driveway area flowing onto the roadbed. The driveway shall not obstruct or impair drainage in the roadside and ditch areas. The surface shall be no less than a road base grade of material. The use of ditches for a driveway is not permitted.
8. If a concrete driveway is installed in the right-of-way, a fiber expansion joint must be installed at the property line. If the concrete driveway must be removed from within the right-of-way for roadway work, the property owner will be financially responsible for removal and replacement.
9. When the Town determines a culvert is necessary for proper water control, The Town will determine the size, material of the culvert and end walls.
10. The Superintendent of Highways/Public Works may grant temporary access to the above right-of-ways after review and recommendation by road agencies having jurisdiction. Such access permit shall be temporary, revocable and subject to any conditions required and shall be issued for a period not to exceed twelve (12) months.
11. Any repairs or cleaning of the roads adjacent to the installation of driveways shall be at the owner's expense. The owner may contract for the service or the Town of Rome may repair at its discretion.
12. A plot plan showing the placement of the driveway access shall be required along with the permit.
13. Any private driveway leading to a building or structure located 200 feet or more the public right-of-way shall be at least 18 feet in width; shall provide an unobstructed height through out the entire length and width of the driveway of at least 14 feet, and shall have a cul-de-sac or turn around at or near the end of the driveway with a minimum right-of-way radius of 50 feet. Greater dimensions may be required by the Superintendent of Highways if the cul-de-sac or turn around would not be sufficient so as to accommodate firefighting vehicle, apparatus and equipment that might be required to serve the property.



**Planning & Zoning Department
Permit Application**

P. O. Box 187
Friendship, WI 53934
Phone: (608) 339 - 4222
Fax: (608) 339 4504

OFFICE USE ONLY:	
File #:	_____
Date:	_____
Computer #:	_____
Parcel #:	_____
State Sanitary #:	_____
State UDC Seal #:	_____
County Zoning District:	_____
Shoreland Zoning District:	_____
FIRM / Flood Study Zone:	_____
Airport Height Zoning:	_____

NOTES REGARDING ADDITIONAL REGULATIONS: (1) The undersigned hereby applies for a permit to do work described and located as shown on this application and the attached plot plan. The undersigned agrees that all work will be done in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances and with all laws of the State of Wisconsin applicable to said premises and work. (2) There may be Town regulations or other local ordinances or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.
Date: _____ Fee: _____

NOTE: This Permit is valid for two (2) years from the date of issue.

IMPORTANT NOTE REGARDING SETBACKS: All lot lines shall be physically marked for any and all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete the construction according to the submitted and approved plot plan. Please call the Planning & Zoning Dept. to schedule inspection(s) for your project.

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY!

Owned By: _____ **Date of Birth:** _____ **Phone:** _____
{First} {Middle Initial} {Last}

Mailing Address: _____

Property Description:

Gov. Lot: _____ or _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E
Lot: _____; Block: _____; Addition: _____; Subdivision: _____
Town of: _____ Property Address (if any): _____

Lot / Parcel Size: Width: _____ Length: _____ Acres / Sq. Ft.: _____

Construction Description: _____

(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)
Use: _____
(Residence, Accessory Building, Commercial, Industrial, Public etc.)
Type of Construction (if Manufactured Home, list year): _____
(Frame, Masonry, Manufactured Home, Manufactured Dwelling, etc.)

Building Description: Width: _____ Length: _____ Area: _____ Sq. Ft.
Height: _____ No. of Stories: _____ No. of Bedrooms: _____

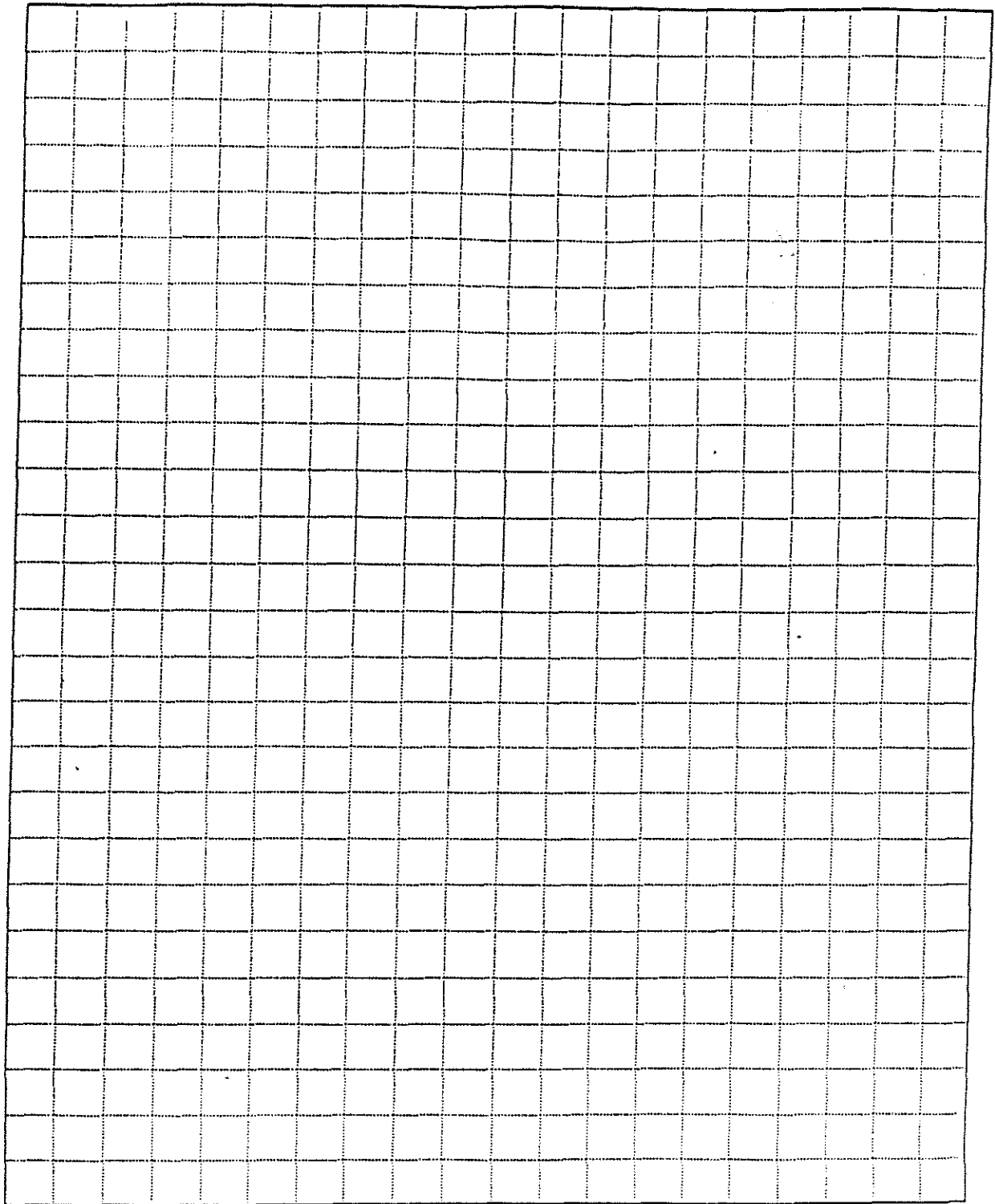
Signature of Owner or Agent: _____ **Phone:** _____
(Signature grants consent for Dept. staff to enter premises)
Address: _____

OFFICE USE ONLY:	
Zoning: \$ _____	Comments / Conditions: _____
Sanitary: \$ _____	_____
Building: \$ _____	_____
Other: \$ _____	_____
Subtotal: \$ _____	_____
State Fee: \$ _____	_____
Total: \$ _____	_____
Paid (check # or cash): \$ _____	
Date: _____	Approved by: _____ Date: _____
By: _____	Denied by: _____ Date: _____

Site Map

□ = 10'

NI



#: _____ Lake: _____

B = business
R = residence
P = parking
G = garage
D = driveway
SY = side yard

WW = walkway
PO = patio
DK = deck
RW = retaining wall
T = trees > 10'
S = shrubs < 10'

P = pier
BH = boat house
BS = boat shelter
SR = swim raft
MB = mooring buoys
SL = shoreline setback

W = well
SF = septic field
SV = septic vent
SC = septic cleanout
FP = floodplain boundary
OH = ordinary high water mark

Enclosed is an application, rates, and specifications. Please fill in all blanks and return both copies to us with your payment.

The water lateral is installed approximately 1 foot inside of the property line. The location has to be at least 1.5 feet from either side of the driveway so that it is neither run over nor hit. Repair of any damage to the shut off box is the property owners' responsibility. The line also has to be at least 10 feet away from the septic field and the septic tank. If there is an electric transformer on or near the property, the water service has to be at least 5 feet way.

It is important that you fill in the location and also stake it out on the property. This will prevent any misunderstandings. We just install the water service. Connections from the water lateral to the house or installations of the hydrant are the owners' responsibility.

When your plumber is ready to connect to the water lateral he must contact a Rome Water Utility person for an inspection **before** the back-filling is to be completed. He can be reached at 715-572-4871 or 715-325-2600.

If you choose to have our plumber install the hydrant at the same time that he connects you to our service, you must send along a separate signed letter stating so. He will then bill you directly for the cost of the hydrant installation only.

Hydrant cost is \$

If we can be of further assistance, please do not hesitate to call and contact us at 715-325-2600.

Thank You,
Rome Water Utility

WATER METER APPLICATION
Commercial

FEE: Hook-up fees are on a per job basis. You must contact Rome Water Utility for an estimate. Please have this application form filled out prior to contact. Mail to above address or phone us at (715)325-2600.

Company name & billing address: _____

Property address: _____

# employees:	_____	approx. size of water service:	_____
# bathrooms:	_____	approx. size of meter:	_____
# kitchens:	_____	approx. gallon usage:	_____

what other (if any) equipment will use water? _____

intended water usage: potable non-potable both (please circle)
other: _____

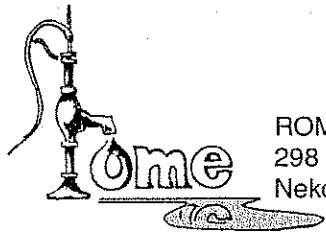
Will water be used for? cooling - washing - processing (please circle)

Approximate location for water lateral to be brought in:

Once application is received an estimate will be provided within 5 business days. Estimate must be paid prior to installation. Any refund or additional amount owed will be sent to you after work has been completed. Once payment is received, service shall be installed within 10 business days, contingent upon weather conditions.

applicant signature: _____

office use only: _____



ROME WATER UTILITY, LTD.
298 Leisure Lane
Nekoosa, Wisconsin 54457

RWU REGULATIONS

Installation of all water services must comply.

- ▶ Depth of all services must be 6'6" minimum.
- ▶ Sweat joint is acceptable **only** if pre-approval by Rome Water Utility Superintendent, otherwise compression joints must be used. Inspections of all joints must have a 24 hr. advance notification and RWU personnel must be on-site.
- ▶ 3/4" water service is only available for a service less than 60 feet.
- ▶ All commercial services must place on file a cross connection inspection report with RWU once a year. This is the sole responsibility of the property owner. Failure to do so could result in discontinuation of service and/or penalties.
- ▶ All services must be flushed prior to service being turned-on. Rome Water Utility personnel must be present. A 24 hr. advance notice must be given.
 - any 2" water service or larger must also be chlorinated and let stand for 24 hours. Then flushed out until all particulate matter is eliminated, RWU personnel must be present.

Rome Water Utility Material Requirements & Specifications

Provided by RWU: tapping saddles

(in estimate)

corporation valve – Mueller or equal

curb stop Mueller or equal

curb box Mueller or equal

copper piping (either soft or rigid) can be nothing less than K type copper pipe

Materials accepted from water main to water meter, or first shut off valve in residential.

3/4"

only available for less than 60'

- K copper tube
- 200# poly pipe copper tube size

2½" – 4"

- SDR 21 gasketed
- Schedule 40 PVC

1"-2"

- K copper tube soft
- 200# poly pipe
- SDR 21
- Schedule 40 PVC

above 4"

- C900
- Schedule 40 PVC
- SDR 21



ROME WATER UTILITY, LTD.
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Water Meters

All water meters will be supplied from Rome Water Utility. Installation of water meters to be done, if the location requirements stated below are met. We will not accept any pits or boxes around the meter. Water meters must be accessible at all times and located in a well lit area.

Meter Location Criteria:

- Water meter location above floor - 30"-36"
- ¾" and 1" meter must have a 6" min. clearance from any surrounding walls.
- 1½" meter and above must have a 1 foot min. clearance, from center of pipe, away from any surrounding walls.
- Support for all water meters is the responsibility of the owner/plumber.
- Shut-off valves must be placed (1) before and (1) after on all water meters.
- Bypasses must be installed according to code on all 2" meters and above.

**It is the responsibility of the owner to have all backflow prevention devices installed per Wisc. Codes. Inspection is required by RWU personnel, a 24 hr. advance notice must be given.

Flushing of Service

Prior to water service being turned-on, flushing must be completed.
(See RWU Regulations for more info.)

RATE FILE

Sheet No. 1 of 1

Schedule No. Mg-1

Amendment No. 13

Public Service Commission of Wisconsin

Rome Water Utility, Ltd.

General Service - Metered

Quarterly Service Charges:

5/8 -inch meter - \$	30.00	3 -inch meter - \$	150.00
3/4 -inch meter - \$	30.00	4 -inch meter - \$	225.00
1 -inch meter - \$	42.00	6 -inch meter - \$	405.00
1 1/4 -inch meter - \$	54.00	8 -inch meter - \$	615.00
1 1/2 -inch meter - \$	66.00	10 -inch meter - \$	900.00
2 -inch meter - \$	90.00	12 -inch meter - \$	1,170.00

Plus Volume Charge:

All water used per quarter - \$3.50 per 1,000 gallons

Billing: Bills for water service are rendered quarterly and become due and payable upon issuance following the period for which service is rendered. A late payment charge of 3 percent but not less than 50 cents will be added to bills not paid within 20 days of issuance. This ONE-TIME 3 percent late payment charge will be applied only to any unpaid balance for the current billing period's usage. This late payment charge is applicable to all customers. The utility customer may be given a written notice that the bill is overdue no sooner than 20 days after the bill is issued. Unless payment or satisfactory arrangement for payment is made within the next 10 days, service may be disconnected pursuant to Wis. Admin. Code ch. PSC 185.

Combined Metering: Volumetric meter readings will be combined for billing if the utility for its own convenience places more than one meter on a single water service lateral. Multiple meters placed for the purpose of identifying water not discharged into the sanitary sewer are not considered for utility convenience and shall not be combined for billing. This requirement does not preclude the utility from combining readings where metering configurations support such an approach. Meter readings from individually metered separate service laterals shall not be combined for billing purposes.