

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

Obtaining permits for the placement of a **MOBILE HOME (Manufactured Home)** will require the following:

1. Sanitary Permit – You must have a Sanitary Permit issued from Adams County Planning and Zoning office. Their phone number is (608) 339-4222. If you already have a septic system on your property and it is more than 2 years old, you would need what is called a re-connect permit from the County.
2. County Zoning Permit – If your building project is located within 1,000 feet of a lake or flowage, or within 300 feet of any navigable 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. (715) 325-8019
4. Association Approval – If your property is located in an area governed by one of the Associations, for example; Lake Arrowhead Association, you must have your building plans approved by that Association.
5. Plot Plan – You will need to submit a plot plan showing the location of the mobile home in relation to other buildings, wells, surface waters, property lines, and septic systems.
6. Foundation Plan – pier locations, or concrete slab plan, or full basement plan, etc.
7. Permit Applications – You must apply for Building, Plumbing, and Electrical Permits.

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.

Permit Fees

Town Zoning Permit	\$110.00
Bldg. Permit @ \$.09 per sq. ft. of Manufactured Home Area + \$225	_____
Plus Deck Area @ \$.09 /Sq. ft.	_____
Plus Basement/Crawl Area x \$0.09 per sq. ft.	_____
Electrical Permit – Base Fee	\$ 50.00
Plumbing Permit – Base Fee	\$ 50.00

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.

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73		WISCONSIN UNIFORM BUILDING PERMIT APPLICATION				Application No.					
		Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m)]				Parcel No.					
PERMIT REQUESTED		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:									
Owner's Name			Mailing Address			Tel.					
Contractor Name & Type			Lic/Cert#	Mailing Address		Tel. & Fax					
Dwelling Contractor (Constr.)											
Dwelling Contr. Qualifier			The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.								
HVAC											
Electrical											
Plumbing											
PROJECT LOCATION		Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W							
Building Address			Subdivision Name		Lot No.	Block No.					
Zoning District(s)		Zoning Permit No.		Setbacks:	Front ft.	Rear ft.	Left ft.				
1. PROJECT	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP.	12. ENERGY SOURCE							
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:	<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.						
2. AREA INVOLVED (sq ft)		4. CONST. TYPE	7. WALLS	10. SEWER	13. HEAT LOSS						
	Unit 1	Unit 2	Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
Unfin. Bsmt				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
Living Area				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
Garage				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
Deck				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
Porch				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
Totals				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	_____ BTU/HR Total Calculated	Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)			
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. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. 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.											
<input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply.											
APPLICANT (Print:) _____				Sign: _____				DATE _____			
APPROVAL CONDITIONS		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.									
ISSUING JURISDICTION		<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State→				State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location _____			
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:					
Plan Review	\$ _____	<input type="checkbox"/> Construction				Name _____					
Inspection	\$ _____	<input type="checkbox"/> HVAC				Date _____	Tel. _____				
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Electrical									
Other Permits	\$ _____	<input type="checkbox"/> Plumbing									
Zoning Permit	\$ _____	<input type="checkbox"/> Erosion Control									
Total	\$ _____										

INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing municipality. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. **Please type or use ink and press firmly with multi-ply form.**

PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

PROJECT LOCATION

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site).
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (involved in project):
 - Basements - include unfinished area only
 - Living area - include any finished area including finished areas in basements
 - Two-family dwellings - include separate and total combined areas
3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
10. Plumbing - A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private onsite wastewater treatment system.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

SIGNATURE - Sign and date this application form. If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

PLEASE RETURN SECOND PLY WITHIN 30 DAYS AFTER ISSUANCE TO (You may fold along the dashed lines and insert this form into a window envelope.):

Safety & Buildings Division
P O Box 2509
Madison, WI 53701-2509

(Part of Ply 4 for Applicants)

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.

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: _____

Manufactured Home Installers Affidavit

Comm 5.327 Manufactured home installer. (1) GENERAL.

(a) Except as provided in par. (b), beginning on January 1, 2007, pursuant to s. 101.96, Stats., no person may install a manufactured home onto a foundation or other support system unless the person complies with one of the following conditions:

1. The person holds a license issued by the department as a licensed manufactured home installer.
2. The person is under the general supervision of another person who holds a license issued by the department as a licensed manufactured home installer.

(b) 1. The owner of a manufactured home who will reside in the home may install his or her own manufactured home without holding a license as a licensed manufactured home installer. This exemption does not apply to the owner who contracts for or otherwise arranges for the installation.

2. A person is not required to hold a license as a licensed manufactured home installer for electrical, plumbing or HVAC work associated with the installation of a manufactured home.

Note: There may be other state or local licensing requirements involved in the installation of manufactured homes.

Licensed Manufactured Home Installers Name: _____

Licensed Manufactured Home Installer License #: _____

TOWN OF ROME
ZONING PERMIT APPLICATION

I. Date: _____ Permit Fee: \$110.00 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: _____

MOBILE HOME VALUATION WORKSHEET

Wisconsin Department of Revenue

Name of Mobile Home Owner		Date Viewed	Assmt. Year
Owner's Address		Taxing District	County
Name of Park		Address of Mobile Home	
<input type="checkbox"/> Mobile Home Assessed as Personal Property		<input type="checkbox"/> Monthly Parking Permit Fee (use with Form PA-118)	
<input type="checkbox"/> Mobile Home Assessed as Real Property		<input type="checkbox"/> Exempt	

MOBILE HOME DESCRIPTION

Manufacturer's Name		Model or Popular Name		
Serial Number	Yr. of Manufacture	Yr. of Purchase	Purchase Price	Purchased as: <input type="checkbox"/> New <input type="checkbox"/> Used
Where Purchased		Width ft.	Length ft.	Area sq. ft.
Grade of Construction <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Good		Condition <input type="checkbox"/> Fair <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very Good		No. of Rooms Bdrms _____ Baths _____ Total Rooms _____
Lot Size	Lot Improvements <input type="checkbox"/> Curb & Gutter <input type="checkbox"/> Sidewalks <input type="checkbox"/> Streets <input type="checkbox"/> Parking <input type="checkbox"/> _____			
Utilities <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Well <input type="checkbox"/> Septic <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar/Wind <input type="checkbox"/> Other _____				Lot Rental

Ground Floor Area Sketch:	ATTACHMENTS			
	Attachments	RCN	% Resid.	RCNLD
	Foundation	\$ _____		\$ _____
	Room Addition			
	Porch			
	Patio			
	Skirting			
	Carport			
	Fireplace			
			TOTAL	\$ _____

VALUATION SUMMARY

Indicated Value By The Cost Approach (From Side B)	\$ _____
Indicated Value By The Market Approach (From Side B)	\$ _____
FINAL CONCLUSION OF VALUE \$ _____	

NOTE: For assessment purposes final value estimate should be reduced to local level of assessment

Remarks:

Appraiser:	Appraisal Date:
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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.



www.co.adams.wi.gov

OFFICE USE ONLY:

File #: _____

Date: _____

Parcel #: _____

State Sanitary #: _____

State UDC Seal #: _____

Waterfront Yes No

Critical Habitat Area: Yes No

County Zoning District: _____

Shoreland Zoning District: _____

FIRM / Flood Study Zone: _____

Airport Height Zoning: _____

Planning & Zoning Department Permit Application

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

* ADDITIONAL REGULATIONS: (1) Per Sec. 6-1.06 of the Adams County Shoreland Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by September 30, 2013, unless prior to said date, NR115 as revised, requires less for compliance. (2) 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. (3) There may be Town or other local regulations or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.

Date: _____ Fee: _____

COUNTY USE PERMIT { Portable Restroom - Transfer Container - Limited Holding Tank } NON-PLUMBING SANITATION SYSTEM

Type: _____

NOTE: Construction must be completed within two (2) years from the issue date of this Permit.

* SETBACKS: All lot lines shall be physically marked for 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 construction according to the approved submittals. 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 and *acknowledgement of notes above)

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: _____