



# Commercial/Industrial

## CITY OF RHINELANDER

### COMMERCIAL/INDUSTRIAL BUILDING PERMIT APPLICATION CHECKLIST

\_\_\_ **Plans** – 1 set of complete plans

*(to include building floor plans before & after any alterations, to include ingress/egress locations).*

- Foundation plans     Floor plans (including door and window sizes and header information)
- Cross Section –showing all materials used     Elevations     Tall Wall and Wall bracing marked
- State Approve Plans – copy must include approval letter and must be stamped.     Header size and span

\_\_\_ **Knox Box Application** – As required, Municipal Code 5.07.06(04)

- Contacted Fire Chief (Rhinelanders Fire Department 715-365-5400)

\_\_\_ **Site Plan/Survey** – must show accurate property lines; all structures, decks, sheds, ingress & egress, etc., clearly noted. All items must comply with City of Rhinelanders zoning regulations.

\_\_\_ **Erosion Control Plan** – showing location of dirt piles during excavation and what will be used to control erosion (vegetation, silt fence, hay bales, tracking pad, etc.)

\_\_\_ **Backflow Preventor** – As required, Municipal Code 3.07.16 (4)(j)

Except as provided below, all sewer service laterals for new connections shall have a backflow prevention valve installed at the owner's expense. These exceptions do not apply to services located in a floodplain.

1. The service elevation is at or above the curb elevation (over lateral).
2. The service is equipped with a sewage ejection (lift) pump.

\_\_\_ **Permit Applications** that pertain to project:

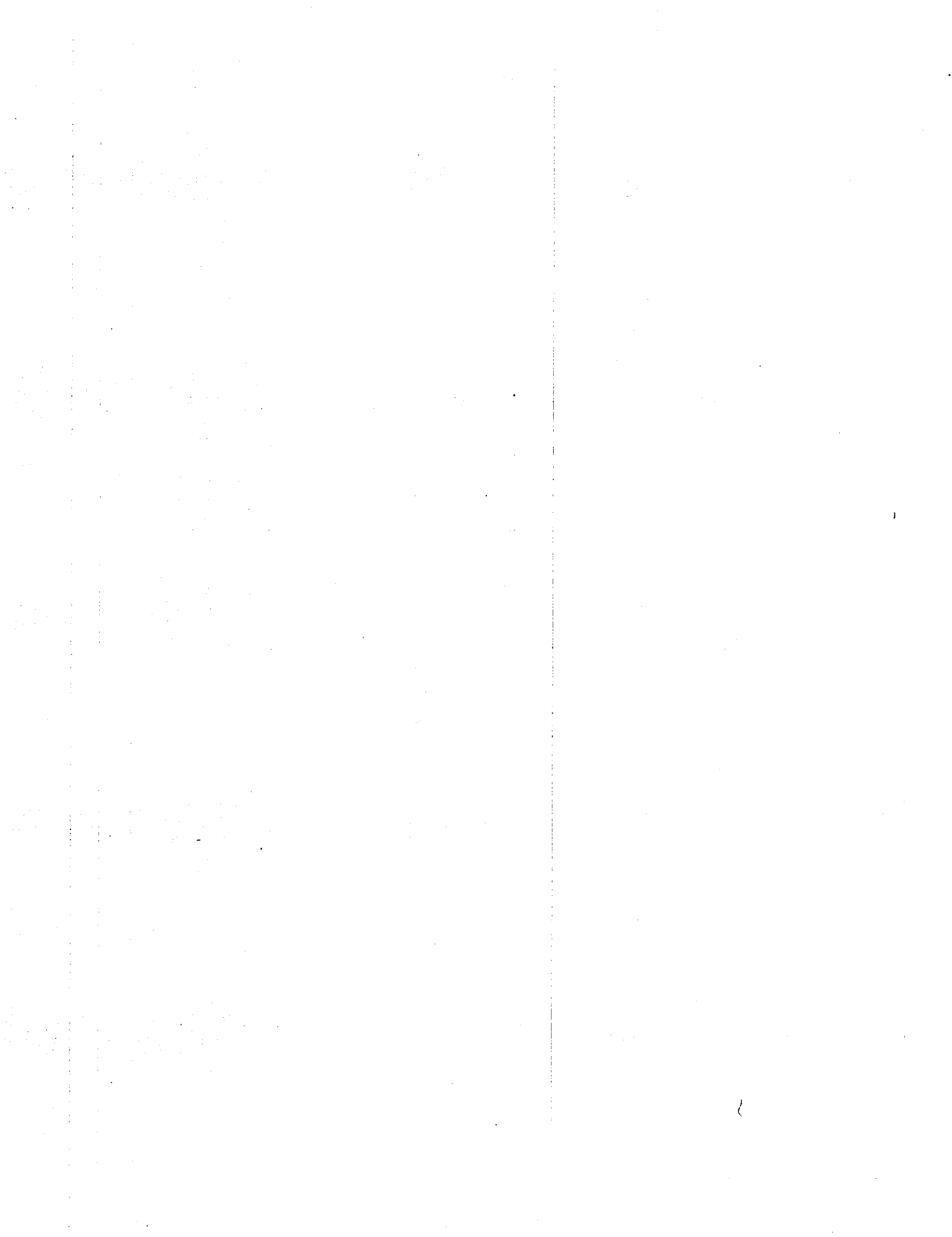
- Commercial Building     Electrical     Plumbing     Heating     Fence     Occupancy
- ROW     Street Opening     Move     Raze     Early Start     Sign     Demolition

\_\_\_ **List of all subcontractors:** Names, Addresses, Phone and Fax Numbers, and required State Certification Numbers.

- Commercial Builder/General Contractor     Excavator     Mason     Landscaper     HVAC Contractor
- Electrician     Plumbing Firm     Demolition Contractor     Mover     Other: \_\_\_\_\_

\_\_\_ **ALL Permits** filled out in their entirety; they will be returned for completion, which will delay your project.

\_\_\_ **Signature of Applicant.**



# CITY OF RHINELANDER

## COMMERCIAL/INDUSTRIAL Permit Application

(New and Additions/Alterations)



This is an application ONLY and is NOT an authorization to start construction. This application will be reviewed by the Building Inspector, and if approved, a building permit will be issued.

**\*\*\*Applicant must file with the Inspection Department a complete set of plans showing: site plan, building elevations and framing details. Drawings are to become the property of the City of Rhineland.**

Property Address: \_\_\_\_\_ Parcel #: RH \_\_\_\_\_ Zoned: \_\_\_\_\_

Property Use:  Commercial  Industrial  Community Building  Rental  Multi-Family

**OWNER INFORMATION:** Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

WI State ID Information				Setbacks			
Trans ID #	Site ID #	Customer ID #	Expire Date	Front (ft)	Rear (ft)	Side Left (ft)	Side Right (ft)
<b>Project Total (sq ft)</b>			Bldg Height:			<b>Project Cost:</b>	

**Permits Need For Project Completion:**  Construction  HVAC  Electrical  Plumbing  Erosion Control  Other: \_\_\_\_\_

Description of Work (provide additional pages if needed)

**CONTRACTOR INFORMATION:**  Owner is General Contractor

**Contractor** Bus. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Architect/Engineer Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Foundation Contractor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**HVAC Contractor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ HVAC Contractor # \_\_\_\_\_ Exp: \_\_\_\_\_

**Electrical Contractor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Electrical Contractor # \_\_\_\_\_ Exp: \_\_\_\_\_

**Master Electrician:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Master Elections # \_\_\_\_\_ Exp: \_\_\_\_\_

**Plumbing Contractor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Plumbing Contractor # \_\_\_\_\_ Exp: \_\_\_\_\_

**Master Plumber:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Master Plumber # \_\_\_\_\_ Exp: \_\_\_\_\_

**Excavation Contractor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Master Plumber # \_\_\_\_\_ Exp: \_\_\_\_\_

**Separate applications are required for any and all subcontractor's work being performed.**

I certify that the information provided on this form is complete and accurate and agree to comply with all applicable codes and ordinances of the City of Rhinelander and State of Wisconsin and any conditions attached hereto. It is further agreed that we hereby absolve and release the City of Rhinelander, its agents, from liability, if through the owner or his agent, an error is made in determining the property lines. It is further agreed that the City of Rhinelander, its agent or agents, have no responsibility as to the determination of the properties lines. Permits are required per Municipal Code 5.02.02.

I have read the Cautionary Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Owner    Business Owner    Contractor    Other \_\_\_\_\_

Fees:		Permits Issued:		Permit Issued by:	
Plan Review:		<input type="checkbox"/>	Construction	Name:	Tom Waydick
Inspection:		<input type="checkbox"/>	HVAC	Cert #:	830229
Occupancy:		<input type="checkbox"/>	Electrical	Date:	
Other:		<input type="checkbox"/>	Plumbing	Signature:	
Total:		<input type="checkbox"/>	Erosion Control		

**FAILURE TO OBTAIN A PERMIT BEFORE WORK HAS STARTED WILL RESULT IN A TRIPLE FEE PERMIT!**



To protect, nurture and advance  
the health of our community

# ONEIDA COUNTY HEALTH DEPARTMENT

Linda Conlon, MPH, BAN, RN  
Director/ Health Officer

Marta Koelling, MS, CHES  
Assistant Director



## Memorandum

Dear Permit Applicant:

The Oneida County Health Department (OCHD) is an agent for the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) and Department of Safety and Professional Services (DPS) for licensing and inspection of the types of facilities listed below, in Oneida County. The City of Rhinelander provides this information on behalf of the Oneida County Health Department.

Permit applicants and contractors are required to contact a Registered Sanitarian prior to remodeling, new construction, change of ownership, or change of permit licensee. A permit is required from the OCHD before opening for business. To avoid having to make additional changes during or after remodeling, or to avoid an Operating Without License (OWL) fee, applicants are encouraged to contact the health department prior to construction for a consultation. The consultation is a review of facility requirements before starting remodeling or construction for the following businesses:

1. Restaurants
2. Bed and Breakfasts
3. Cottages/Cabins, Tourist Rooming Houses, Hotels and Motels
4. Campgrounds
5. Recreational Campgrounds/Youth Camps
6. Public Recreational Water facilities: pools/whirlpools/therapy pools/water slides
7. Tattoo and Body Piercing establishments
8. Manufactured Home Communities

### OCHD Contact for facilities in the City of Rhinelander:

Jody McKinney, Registered Sanitarian  
Oneida County Health Department  
100 W. Keenan Street  
Rhinelander, WI 54501  
Office: (715) 369-6226  
Cell: (715) 499-1883  
E-mail: [jmckinney@co.oneida.wi.us](mailto:jmckinney@co.oneida.wi.us)

---

Phone: (715) 369-6111  
Fax: (715) 369-6112  
[ochd@co.oneida.wi.us](mailto:ochd@co.oneida.wi.us)  
[www.OneidaCountyPublicHealth.org](http://www.OneidaCountyPublicHealth.org)

100 W. Keenan Street  
Rhinelander, WI 54501  
Monday- Friday 8:00AM-4:30PM

*Embracing change, partnerships, and best practices to lead  
Oneida County to a healthy future.*

# Oneida County Health Department Township Assignments

## Eastern Oneida County Townships

Crescent  
Enterprise  
Monico  
Newbold  
Pelican  
Piehl  
Pine Lake  
Schoepke  
Stella  
Sugar Camp  
Three Lakes

Contact: Jody McKinney, Registered Sanitarian  
Oneida County Health Department  
100 W. Keenan Street  
Rhineland, WI 54501  
Office: (715) 369-6226  
Cell: (715) 493-0534  
E-mail: [jmckinney@co.oneida.wi.us](mailto:jmckinney@co.oneida.wi.us)

## Western Oneida County Townships

Cassian  
Hazlehurst  
Lake Tomahawk  
Little Rice  
Lynne  
Minocqua  
Nokomis  
Woodruff  
Woodboro

Contact: Todd Troskey, Registered Sanitarian  
Oneida County Health Department  
100 W. Keenan Street  
Rhineland, WI 54501  
Office: (715) 369-6223  
Cell: (715) 493-0535  
E-mail: [ttroskey@co.oneida.wi.us](mailto:ttroskey@co.oneida.wi.us)

Additional information is available on the Oneida County Public Health web site at:  
<http://oneidacountypublichealth.org/>

---

Phone: (715) 369-6111  
Fax: (715) 369-6112  
[ochd@co.oneida.wi.us](mailto:ochd@co.oneida.wi.us)  
[www.OneidaCountyPublicHealth.org](http://www.OneidaCountyPublicHealth.org)

100 W. Keenan Street  
Rhineland, WI 54501  
Monday– Friday 8:00AM-4:30PM

*Embracing change, partnerships, and best practices to lead  
Oneida County to a healthy future.*