



# 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 (Rhineland 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 Rhineland 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.**

(PLEASE POST AT YOUR PERMIT COUNTER)



Industry Services Division  
11/9/2017

## Before Issuing that Permit...

Failure to comply with the following requirements may cause hazardous conditions, additional correction costs, legal action against the owner, delays, increased plan review fees, insurance or mortgage difficulties, etc.:

A. State statutes require any building that uses a private sewage system to have a sanitary permit for such a system before any local permit is issued.

B. Wisconsin law generally requires that commercial or multi-family buildings being built, added to or altered receive state plan review approval under the State Commercial Building Code (Chs. SPS 361-366) prior to construction or any local permit issuance.

A commercial building is one that the public or employees use or that has three or more residential units. For such buildings, look for a state plan review approval letter, permission to start letter or project registration letter from the Division of Industry Services before issuing a local permit. *Alternatively, the state has delegated limited plan approval authority to certain municipalities.*

The following are exempt from the State Commercial Building Code and would not require state plan approval (see ss. SPS 361.02 & 361.03):

1. One & two family dwellings – if your municipality does not inspect them, then refer owners to the county or state – see our website under "Uniform Dwelling Code Program" for referral information
2. Home-based occupation located in 1 & 2 family dwellings – this is limited to 25% of the habitable floor area, one non-family employee and no vehicle repair or fireworks.
3. The following uses serving 8 or fewer clients in a one or two family dwelling: community-based residential facilities (CBRF), daycares, foster homes, group homes.
4. Temporary buildings used only for construction purposes and not used as living quarters.
5. Farming operations, including sales of farm products raised there (public horse boarding stables & riding arenas are **not** exempt)
6. Federally-owned buildings
7. Buildings on Indian reservations
8. Bed & breakfast inns – If built prior to 1990, is the owner's residence and has 8 or less rental rooms

The following are exceptions to this plan approval requirement, but still require the owner to comply with the State Commercial Building Code (see ss. SPS 361.03 & 361.30):

1. Except for residential, educational and hazardous occupancies, those commercial buildings of less than 25,000 **total cubic feet volume** (volume includes basements, crawl spaces and attics).
2. Freestanding antennas, tents, outdoor theater screens, exterior bleachers of 5 rows or less, water tanks/towers, display signs, observation towers, docks, piers, wharves and other similar structures.
3. Temporary uses that have been approved by the local fire or building code official.
4. Repairs or replacements

You may e-mail questions to [DspsSbBuildingTech@wisconsin.gov](mailto:DspsSbBuildingTech@wisconsin.gov).

# 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 Rhinelanders.**

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 Electrician # \_\_\_\_\_ Exp: \_\_\_\_\_

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

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

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

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

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

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

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

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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!**

## **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.

## **Cautionary Statement to Contractors for Projects Involving Building Built Before 1978**

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to the Wisconsin Department of Health Services' lead homepage for details of how to be in compliance

## **Wetlands Notice to Permit Applicants**

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

## **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: \_\_\_\_\_

## **Contractor Credential Requirements**

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Industry Services.

# RHINELANDER WASTEWATER UTILITY

## COMMERCIAL/INDUSTRIAL WASTEWATER DISCHARGE PROGRAM

Please return completed form to:

Rhineland Wastewater Utility  
City Hall  
135 S. Stevens Street  
Rhineland, WI 54501

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

1. Company Name: \_\_\_\_\_

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

Address of Premises: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Standard Industrial Classification Code(s): \_\_\_\_\_

\_\_\_\_\_

3. Number of Employees: \_\_\_\_\_

4. Description of manufacturing, business or service activity on premises: \_\_\_\_\_

\_\_\_\_\_

5. Are any wastes other than wastewater of human origin being discharge to the sanitary sewer system, that is, cooling, clean-up, process waste, etc?

YES                       NO

If "YES," then describe the waste being discharged to the sanitary sewer system.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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 (DSPS) 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)

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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/>

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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)

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