

## Steps required to complete your new sewer and water connections and to abandon your existing well and septic.

1. Hire a licensed sewer and water contractor or plumber.
2. Secure the proper permits (see included forms).
3. Call in advance for the required inspections.
4. Abandon the well properly or secure a well operation permit (see included forms)
5. Abandon the existing septic tank (complete and send in the included form to the Brown County)

# Well Operation Informational notice

[Sec. 36-179. - Well operation](#) permits/fees.

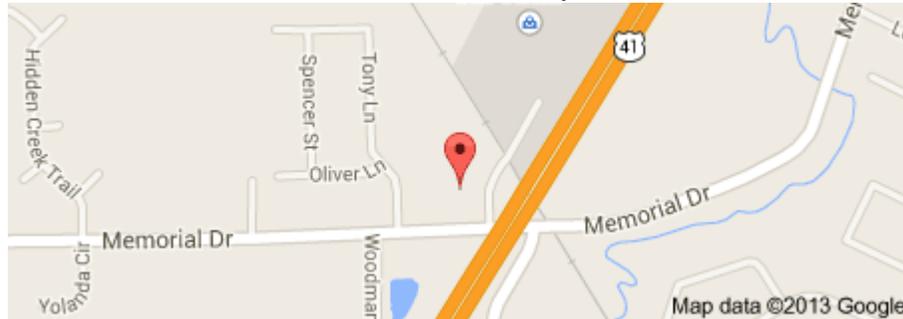
(a) A permit may be granted to a well owner to operate a well for a five-year period of time if the following requirements are met:

(1) A written report prepared by a licensed well driller or pump installer verifying that the well construction and pump installation comply with the provisions of NR 112, Wisconsin Administrative Code (Private Well Construction & Pump Installation Code).

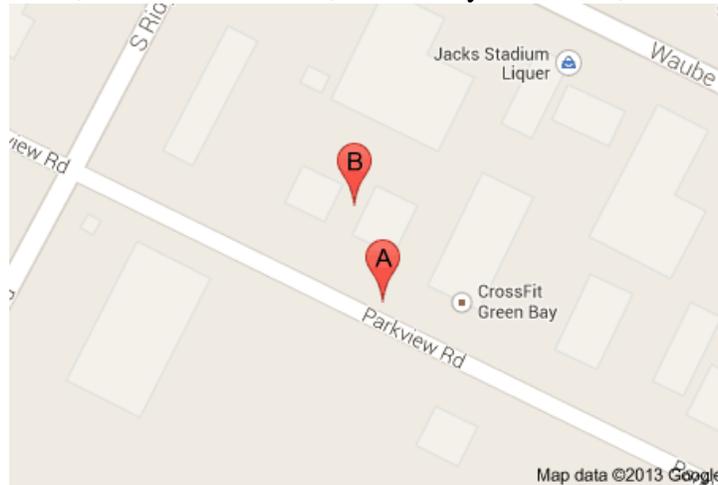
(2) The well has a history of producing safe water and presently produces bacteriologically safe water as evidenced by a minimum of one sampling.

Example: Local water testing kits are available at:

a. Badger Laboratories, 2150 Memorial Drive, Green Bay WI 54303, 920-434-6741.



b. Northland Laboratories, 1030 Parkview Rd, Green Bay WI 54304, 920-336-7465.



(3) The proposed use of the well can be justified as being necessary in addition to water provided by the public water system.

(4) Connections shall not exist between the piping of the public water system and the private well.

(5) Submit a completed permit application available at the Village Hall or on line at:

<http://www.villageofhoward.com/DocumentCenter/Home/View/627>

(6) The fee for a well operation permit is set at \$35.00.



## Informational notice

[Sec. 36-179. - Well operation](#) permits/fees.

(a) A permit may be granted to a **well** owner to **operate** a **well** for a five-year period of time if the following requirements are met:

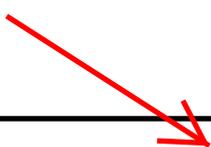
(1) The **well** and pump installation meet the requirements of Wis. Admin. Code ch. NR 112, and a **well** constructor's report is on file for the department of natural resources.

(2) The **well** has a history of producing safe water and presently produces bacteriologically safe water as evidenced by a minimum of one sampling. Example: Local water testing kits are available at Badger Laboratories, 2150 Memorial Drive, Green Bay, WI 54303, 920-434-6741.

(3) The proposed use of the **well** can be justified as being necessary in addition to water provided by the public water system.

(4) No physical connection shall exist between the piping of the public water system and the private **well**.

(b) Applications for the **well operation** permit shall be made on forms provided by the village clerk. The fee for a **well operation** permit is set at \$35.00. The village or its agent, may conduct inspections or have water quality tests conducted at the applicant's expense to obtain or verify information necessary for consideration of a permit application or renewal.



(5) A well cross connection inspection must be included with the well operation permit application and conducted by a licensed Well Driller or a licensed Pump Installer. This inspection shall include a statement noting the fact that "no cross connections exist between the well system and the domestic plumbing system which is connected to the municipal water system."

Required Well Operation Inspection Form....use this form

State of Wisconsin  
Department of Natural Resources  
dnr.wi.gov

**Property Transfer Well(s) and Pressure System(s) Inspection**  
Form 3300-221 (R 10/14)

**Notice:** Pursuant to ch. 280, Wis. Stats., and ch. NR 812, Wis. Adm. Code, this form shall be used to document any well and pressure system inspection conducted as part of a property transfer. Inspections are voluntary, and well owners are not required to bring systems into compliance as a result of the inspection. Inspectors must provide the completed form to the requester of the inspection. Do not send forms to DNR.

**Contact Information**

Inspection Requested By		Telephone Number	
Mailing Address	City	State	ZIP Code
Owner's Name		Telephone Number	
Mailing Address	City	State	ZIP Code

**Property Location**

County of Water System Location	Grid or Street Address or Road Name and Number (if available)	City	ZIP Code
Township	Gov't Lot # $\frac{1}{4}$ of the $\frac{1}{4}$	Section	Town
		Range	E/W
Unique Well Number			

**Known Noncomplying Features**

**Identified noncomplying features are noted below with a check mark.**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>1. <input type="checkbox"/> Unused Well Should be Filled and Sealed</li> <li>2. <input type="checkbox"/> Stovepipe or Thin-Walled Casing</li> <li>3. <input type="checkbox"/> Dug Well</li> <li>4. <input type="checkbox"/> Unprotected Buried Suction Line</li> <li>5. <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit</li> <li>6. <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well</li> <li>7. <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked)</li> <li>8. <input type="checkbox"/> Contaminant Source less than minimum separation distance from well: _____</li> <li>9. <input type="checkbox"/> Well in Floodway or Flood Fringe</li> <li>10. <input type="checkbox"/> Well at Risk from Localized Flooding</li> <li>11. <input type="checkbox"/> Cross-Connection</li> <li>12. <input type="checkbox"/> Driven Point Well (installed after 1-31-1991) without construction report</li> <li>13. <input type="checkbox"/> Nonpressure Conduit</li> </ul> | <ul style="list-style-type: none"> <li>14. <input type="checkbox"/> Hand Pump</li> <li>15. <input type="checkbox"/> Offset Pump or Piping Height &lt; 12" Above Floor</li> <li>16. <input type="checkbox"/> Yard Hydrant</li> <li>17. <input type="checkbox"/> Materials for Pump and Supply Piping</li> <li>18. <input type="checkbox"/> Flowing Well Installation</li> <li>19. <input type="checkbox"/> Check Valve Location</li> <li>20. <input type="checkbox"/> Well Cap or Seal</li> <li>21. <input type="checkbox"/> Casing Height</li> <li>22. <input type="checkbox"/> Electrical Wires Not Properly Enclosed in Conduit</li> <li>23. <input type="checkbox"/> Sample Faucet is Missing or Incorrect</li> <li>24. <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite</li> <li>25. <input type="checkbox"/> Health/Safety Hazard</li> </ul> |
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**Comments**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-1991 Driven Point Pipe Depth &lt; 25 feet</li> <li><input type="checkbox"/> Well Construction Report Not on File or Unlocatable</li> <li><input type="checkbox"/> Well Located in Special Well Casing Depth Area</li> <li><input type="checkbox"/> Pre-1979 Two-Wire Submersible Pump</li> <li><input type="checkbox"/> Evidence of Some Corrosion on Well Casing Pipe</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Inaccessible or Difficult Location for Future Well Work</li> <li><input type="checkbox"/> Inaccessible or Difficult Location for Future Pump Work</li> <li><input type="checkbox"/> Non-Vermine-Proof Well Cap or Well Seal</li> <li><input type="checkbox"/> Other: <span style="color: red; border: 1px solid red; padding: 2px;">No cross connections exist between water systems required...check mark above if this is a true statement</span></li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Based on my personal inspection of the real property, the well(s) and pressure system(s):  **Complies** with Wis. Adm. Code.  **Does not comply**

- More comprehensive or additional research is needed regarding:
- an unused well    floodways/floodplains    contaminant sources    other:

This form lists the visible conditions of the well(s) and pressure system(s) on the property at the time of inspection and does not imply or give any guarantee.

Signature of Licensed Water Well Driller or Pump Installer	Individual License #	Date	Telephone Number
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ZONING

# Brown County



305 E. WALNUT STREET, ROOM 320  
P.O. BOX 23600  
GREEN BAY, WISCONSIN 54305-3600

**WILLIAM BOSIACKI**

PHONE (920) 448-6480 FAX (920) 448-4487  
WEB SITE [www.co.brown.wi.us/zoning](http://www.co.brown.wi.us/zoning)

ZONING ADMINISTRATOR

It has come to the attention of this office that you will be connecting to the Village of Howard's public sewer and water. Please have your contractor sign this form when they have abandoned your septic tank. Please have this form returned to us within 30 days of completion:

Per SPS 383.33 A subsurface tank or pit that is no longer used as a POWTS component shall be abandoned by complying with all of the following **(1)** Disconnecting all piping to the tanks and pits. **(2)** Sealing all disconnected piping to the tanks and pits in accordance with s. SPS 382.21 (2) (h). **(3)** Pumping and disposing of the contents from all tanks and pits. **(4)** Removing all tanks or removing the covers of the tanks or pits and filling the tanks and pits with soil, gravel or an inert solid material.

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Contractor's Signature                      Phone Number                      Date

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Homeowner's Name (Please Print)      Property Address                      Phone Number

If you should have any questions regarding this form, please contact Lisa Luedke at Brown County Zoning (920) 448-6480.

[Luedke\\_LM@co.brown.wi.us](mailto:Luedke_LM@co.brown.wi.us)



Use this form for well abandonment only

State of Wis., Dept. of Natural Resources  
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: \_\_\_\_\_

1. Well Location Information

County \_\_\_\_\_ MI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_

Latitude / Longitude (Degrees and Minutes) \_\_\_\_\_ Method Code (see instructions) \_\_\_\_\_  
 \_\_\_\_\_ ° \_\_\_\_\_ ' N  
 \_\_\_\_\_ ° \_\_\_\_\_ ' W

1/4 / 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ E \_\_\_\_\_ W  
 or Gov't Lot # \_\_\_\_\_ N

Well Street Address \_\_\_\_\_

Well City, Village or Town \_\_\_\_\_ Well ZIP Code \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Reason For Removal From Service \_\_\_\_\_ MI Unique Well # of Replacement Well \_\_\_\_\_

3. Well / Drillhole / Borehole Information

- Monitoring Well
- Water Well
- Borehole / Drillhole

Original Construction Date (mm/dd/yyyy) \_\_\_\_\_

If a Well Construction Report is available, please attach.

Construction Type:

- Drilled
- Driven (Sandpoint)
- Dug
- Other (specify): \_\_\_\_\_

Formation Type:

- Unconsolidated Formation
- Bedrock

Total Well Depth From Ground Surface (ft.) \_\_\_\_\_ Casing Diameter (in.) \_\_\_\_\_

Lower Drillhole Diameter (in.) \_\_\_\_\_ Casing Depth (ft.) \_\_\_\_\_

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)? \_\_\_\_\_ Depth to Water (feet) \_\_\_\_\_

2. Facility / Owner Information

Facility Name \_\_\_\_\_

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner \_\_\_\_\_

Mailing Address of Present Owner \_\_\_\_\_

City of Present Owner \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  Yes  No  N/A

Screen removed?  Yes  No  N/A

Casing left in place?  Yes  No  N/A

Was casing cut off below surface?  Yes  No  N/A

Did sealing material rise to surface?  Yes  No  N/A

Did material settle after 24 hours?  Yes  No  N/A

If yes, was hole retopped?  Yes  No  N/A

If bentonite chips were used, were they hydrated with water from a known safe source?  Yes  No  N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity  Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips)  Other (Explain): \_\_\_\_\_

Sealing Materials

Neat Cement Grout  Clay-Sand Slurry (11 lb./gal. wt.)

Sand-Cement (Concrete) Grout  Bentonite-Sand Slurry " "

Concrete  Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips  Bentonite - Cement Grout

Granular Bentonite  Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface			

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Street or Route			Telephone Number ( )	Comments	
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	

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## Instructions

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### Well Filling and Sealing

Wisconsin Administrative Code (NR811, NR 812, and NR 141 requires well owners to permanently fill and seal any unused wells/drillholes/boreholes on their property. **As of June 1, 2008 water supply wells can only be filled and sealed by licensed well drillers and pump installers.**

1. Remove any pump, pump piping, debris or other obstacles that could interfere with the sealing operation.
2. Except when bentonite chips are used, the sealing material must be placed with the use of a conductor (tremie) pipe to fill the entire well column to the top with required sealing material. Refer to NR 812 and NR 141 for more details on filling and sealing requirements.

**General Instructions:** Fill out Well/Drillhole/Borehole Filling & Sealing Form 3300-005 as completely as possible for each well or borehole filled and sealed. Information should be provided for every box on the form where available. Sign each form. Please note that these forms are subject to change. (Personally identifiable information on these forms is not intended to be used for any other purpose.)

**Verification Only of Fill and Seal:** If you are only verifying that filling and sealing has previously occurred on a well and are NOT performing any filling and sealing work on the well, check the box near the top of the form. Complete Parts 1 and 2 of the form completely and any information you can provide in Parts 3, 4 and 5. You must provide comments in Part 6 as to the method used to verify both the filling and sealing of the well. Complete Part 7, excluding the date of Filling and Sealing. It will be implied that you did not do the filling and sealing work as stated in Part 7.

**Route to:** Check the appropriate routing box on the top of the form to assure proper routing to the DNR program requiring this well be filled and sealed. Mail the form and any attachments to the Department of Natural Resources, PO Box 7921, Madison, WI 53707-7921.

If you do any work to fill or seal the well, you must complete this form as intended and do not check the Verification Only of Fill and Seal box.

#### (1) WELL LOCATION INFORMATION

**WI Unique Well #:** Fill in the 2 alphabetic and 3 numeric Wisconsin Unique Well Number (WUWN) of the well being filled and sealed. Check the well, sample tap in the house or the fuse box for a WUWN if one has been assigned to the well.

**Hicap #:** If this was a high capacity well, enter the number assigned to the well by the Department.

**Well Location:** The well location can be determined by latitude and longitude coordinates in degrees and decimal minutes (to the thousandths, for example, latitude 43°04.347'N longitude 89°24.803'W) using a Global Positioning System (GPS) unit. If using GPS, check the method code for the GPS unit. The location can also be determined using Public Land Survey (Gov't Lot or ¼ /¼, ¼, Section, Township and Range).

**Method Code:** This field lists data collection method codes for latitude and longitude coordinates. This field must be entered if a latitude/longitude coordinate is entered.

GPS006 - Mapping or recreational grade GPS receiver with no differential correction and selective availability off

GPS007 - Mapping or recreational grade GPS receiver with no differential correction and selective availability on

GPS008 - GPS receiver grade and or differential correction procedures unknown

#### (2) FACILITY / OWNER INFORMATION

If the well is located at a commercial or government facility, fill in the name of landfill, wastewater treatment facility, surface impoundment, spill or project.

**Facility ID:** Fill in the nine digits Facility ID (FID or PWS) assigned to the site by the Department.

**License/Permit/Monitoring #:** Fill in number assigned to facility by the Department. If unknown, leave blank.

**Present Well Owner:** Fill in the name, address, city, state and ZIP code of the present owner.

#### (3) WELL/DRILLHOLE/BOREHOLE INFORMATION

**Original Construction Date:** Fill in the original date of construction for the well or boring in mm/dd/yyyy format.

**Depth to Water:** Enter depth to water from ground surface.

- (4) **PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL:** Check only one box where Yes, No or Not Applicable is indicated. Check all boxes which apply otherwise.
- (5) **MATERIAL USED TO FILL THE WELL/DRILLHOLE:** Enter the description of the filling material, the depth From and To, circle one measurement unit (Yards, Sacks or Volume), and enter the mix ratio or mud weight (in pounds per gallon).
- (6) **COMMENTS:** Describe any of the above boxes in more detail or add information as required to describe the filling and sealing procedures.
- (7) **NAME OF PERSON OR FIRM DOING SEALING WORK:** Enter the name (first and last) or firm name, address, and phone number of the person who supervised the work.

**Date of Filling & Sealing:** List Month/Day/Year (mm/dd/yyyy) the well was filled & sealed.

# **VILLAGE OF HOWARD**

## **Department of Code Administration**

# **PERMIT FEE SCHEDULE**

### **BUILDING GROUPS - NEW CONSTRUCTION AND ADDITIONS**

**Group I** - Residential buildings in which families or households live, rooming houses and residential accessory buildings (this group does not include hotels, motels or institutional buildings).

**Group II** - Non-residential warehouses, storage buildings and similar type occupancies (this group includes buildings used exclusively for warehousing, storage or similar purposes).

**Group III** - All other buildings not classified as Group I or Group II.

### **PERMIT FEES FOR NEW CONSTRUCTION AND ADDITIONS**

#### **Building Permits**

- Group I - \$.10/sq. ft. (except unfin. basements)
- Group I - \$.05/sq. ft. (unfinished basements)
- Group II - \$.05/sq. ft.
- Group III - \$.12/sq. ft. (first 10,000 sq. ft.)
  - \$.10/sq. ft. (next 10,000 sq. ft.)
  - \$.08/sq. ft. (next 10,000 sq. ft.)
  - \$.06/sq. ft. (over 30,000 sq. ft.)

#### **Electrical Permits**

- Group I - \$.05/sq. ft. (except unfin. basements)
- Group I - \$.025/sq. ft. (unfinished basements)
- Group II - \$.04/sq. ft.
- Group III - \$.07/sq. ft. (first 10,000 sq. ft.)
  - \$.06/sq. ft. (next 10,000 sq. ft.)
  - \$.05/sq. ft. (next 10,000 sq. ft.)
  - \$.04/sq. ft. (over 30,000 sq. ft.)

#### **Plumbing Permits**

- Group I - \$.05/sq. ft. (except unfin. basements)
- Group I - \$.025/sq. ft. (unfinished basements)
- Group II - \$.04/sq. ft.
- Group III - \$.07/sq. ft. (first 10,000 sq. ft.)
  - \$.06/sq. ft. (next 10,000 sq. ft.)
  - \$.05/sq. ft. (next 10,000 sq. ft.)
  - \$.04/sq. ft. (over 30,000 sq. ft.)

#### **Heating (HVAC) Permits**

- Group I - \$.05/sq. ft. (except unfin. basements)
- Group I - \$.025/sq. ft. (unfinished basements)
- Group II - \$.04/sq. ft.
- Group III - \$.07/sq. ft. (first 10,000 sq. ft.)
  - \$.06/sq. ft. (next 10,000 sq. ft.)
  - \$.05/sq. ft. (next 10,000 sq. ft.)
  - \$.04/sq. ft. (over 30,000 sq. ft.)

### **PERMIT FEES - ALTERATIONS, REPAIRS AND REMODELING OF EXISTING BUILDINGS**

#### **Building Permits**

1.0% of Building Construction Cost

#### **Electrical Permits**

2.0% of Electrical Construction Cost

**Plumbing Permits** Interior work  
2.0% of Plumbing Construction Cost  
or \$25 minimum fee

#### **HVAC Permits**

2.0% of HVAC Construction Cost

### **MISCELLANEOUS FEES**

- Swimming Pools - \$50
- Signs - \$5.00/sq. ft. of Sign Area
- Driveway/Culvert - \$20
- Demolition - \$50
- Permit to Start Construction - \$50
- Park Impact Fee - \$1225/Single-Family Dwelling Unit
- Park Impact Fee - \$871/Multi-Family Dwelling Unit
- Transportation Impact Fee - \$667/Single-Family Dwelling Unit
- Transportation Impact Fee - \$474/Multi-Family Dwelling Unit
- State UDC Permit Seal - \$35

Exterior work  
Municipal Sanitary Sewer Connection - \$10     3/4"  
Municipal Storm Sewer Connection - \$10  
Municipal Water Connection - \$10     Meter charge  
Water Supply Capacity Charge – Per HMC 13.22     \$294.00  
Well Operation Permit - \$35  
Erosion Control, New Single Family & Duplex - \$100  
Erosion Control, All Other - \$350 + \$30/Acre Disturbed  
Delinquent Permits - Double Fee  
Other Fees as Set Forth in the Howard Municipal Code

### **GENERAL NOTES**

- Areas included for fee calculation purposes include all floor levels, basements, garages, and enclosed spaces under roof.
- Construction costs include labor and materials.
- The minimum Building Permit fee is \$50. The minimum fee for all other permits is \$25.
- All fees are rounded to the nearest dollar

**DEPARTMENT OF CODE ADMINISTRATION**  
 2456 Glendale Avenue, Green Bay, WI 54313  
 (Office) 920-434-4640 (FAX) 920-434-4643  
 gklinka@villageofhoward.com



# PERMIT APPLICATION

PLEASE COMPLETE ALL APPLICABLE SECTIONS

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED

<b>LOCATION</b>	JOB SITE ADDRESS (Street Number and Name)		LOT #	SUBDIVISION		
<b>PROPERTY OWNER</b>	PROPERTY OWNER'S FULL NAME					DAYTIME PHONE #
	PROPERTY OWNER'S MAILING ADDRESS (Include Zip Code)					
<b>PERMIT APPLICANT</b>	PERMIT APPLICANT'S COMPANY NAME		PERMIT APPLICANT'S FULL NAME (First, Middle Initial, Last)		DAYTIME PHONE #	
	PERMIT APPLICANT'S MAILING ADDRESS (Include Zip Code)			FAX #	ALTERNATE OR CELL PHONE #	
<b>BUILDING CONTRACTOR</b>	BUILDING CONTRACTOR'S COMPANY NAME		BUILDING CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		DAYTIME PHONE #	
	BUILDING CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			WI DWELLING CONTRACTOR QUALIFIER #	WI DWELLING CONTRACTOR #	
<b>ELECTRICAL CONTRACTOR</b>	ELECTRICAL CONTRACTOR'S COMPANY NAME		ELECTRICAL CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI ELECTRICAL CREDENTIAL #	
	ELECTRICAL CONTRACTOR'S MAILING ADDRESS (Include Zip C				DAYTIME PHONE #	
<b>PLUMBING CONTRACTOR</b>	PLUMBING CONTRACTOR'S COMPANY NAME		PLUMBING CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI PLUMBING CREDENTIAL #	
	PLUMBING CONTRACTOR'S MAILING ADDRESS (Include Zip Cod				DAYTIME PHONE #	
<b>HVAC CONTRACTOR</b>	HVAC CONTRACTOR'S COMPANY NAME		HVAC CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI HVAC CREDENTIAL #	
	HVAC CONTRACTOR'S MAILING ADDRESS (Include Zip Code)				DAYTIME PHONE #	
<b>SEWER CONTRACTOR</b>	SEWER CONTRACTOR'S COMPANY NAME		SEWER CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI PLUMBING CREDENTIAL #	
	SEWER CONTRACTOR'S MAILING ADDRESS (Include Zip Code)				DAYTIME PHONE #	
<b>OTHER CONTRACTOR</b>	OTHER CONTRACTOR'S COMPANY NAME		OTHER CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI CREDENTIAL #	
	OTHER CONTRACTOR'S MAILING ADDRESS (Include Zip Code)				DAYTIME PHONE #	
<b>PROJECT</b> (CHECK ONE)	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REMODELING <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER _____					
<b>BLDG TYPE</b> (CHECK ONE)	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> OTHER _____					
<b>WORK TYPE</b> (CHECK ALL PROPOSED WORK)	<input type="checkbox"/> BUILDING CONSTRUCTION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING/VENTILATING/AIR CONDITIONING <input type="checkbox"/> OTHER _____					
<b>EST COST</b> (LABOR AND MATERIALS)	BUILDING CONSTRUCTION (\$)	ELECTRICAL (\$)	PLUMBING (\$)	HVAC(\$)	OTHER (\$)	TOTAL ESTIMATED COST (\$)
<b>JOB DESCRIPTION</b> (DESCRIBE ALL PROPOSED WORK)	<p style="color: red;">Your e-mail: _____</p>					
<b>BUILDING FEATURES</b> (COMPLETE THIS SECTION FOR NEW BUILDINGS AND ADDITIONS ONLY)	CONSTRUCTION TYPE (Site Constructed or Manufactured)		BASEMENT? (Yes or No)	# OF STORIES (Above Basement)	FOUNDATION TYPE (Poured Concrete, Masonry Block, Treated Wood, Etc.)	
	ELECTRICAL SERVICE SIZE (Amperes)		ELECTRICAL SERVICE LOCATION (Overhead or Underground)		BUILDING USE (Permanent or Seasonal)	
	HVAC EQUIPMENT (Forced Air, Radiant, Heat Pump, Boiler, Etc.)		HVAC FUEL (Natural Gas, LP Gas, Fuel Oil, Electricity, Solid Fuel, Solar, Etc.)		WATER HEATING FUEL (Natural Gas, LP Gas, Fuel Oil, Electricity, Etc.)	
	CENTRAL AIR CONDITIONING? (Yes or No)		SEWER TYPE (Municipal or Private)		WATER SUPPLY (Municipal Utility or Private Well)	
<b>SIGNATURE</b>	<input type="text"/> ENTER YOUR INITIALS IN THIS BOX TO VERIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND CONDITIONS DETAILED BELOW (REQUIRED FOR APPLICATION TO BE PROCESSED)			APPLICATION DATE	CONSTRUCTION START DATE	
BY INITIATING THE BOX ABOVE, THE PERMIT APPLICANT DOES HEREBY CERTIFY THAT: (1) ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT. (2) THE PERMIT APPLICANT UNDERSTANDS THAT THE ISSUANCE OF A PERMIT CREATES NO LEGAL LIABILITY, EXPRESSED OR IMPLIED, ON THE VILLAGE OF HOWARD OR ON ANY OF ITS EMPLOYEES. (3) IN THE PERFORMANCE OF ALL WORK COVERED, THE PERMIT APPLICANT WILL BE BOUNDED BY AND SUBMIT TO ALL STATUTES OF THE STATE OF WISCONSIN, CONFORM TO ALL APPLICABLE CODES AND ORDINANCES OF THE VILLAGE OF HOWARD, AND ABIDE BY ALL RULES AND REGULATIONS PRESCRIBED BY THE DEPARTMENT OF CODE ADMINISTRATION.						

**DEPARTMENT OF CODE ADMINISTRATION**  
 2456 Glendale Avenue, Green Bay, WI 54313  
 (Office) 920-434-4640 (FAX) 920-434-4643  
 gklinka@villageofhoward.com



**PERMIT APPLICATION**

PLEASE COMPLETE ALL APPLICABLE SECTIONS

INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED

<b>LOCATION</b>	JOB SITE ADDRESS (Street Number and Name)		LOT #	SUBDIVISION		
<b>PROPERTY OWNER</b>	PROPERTY OWNER'S FULL NAME					DAYTIME PHONE #
	PROPERTY OWNER'S MAILING ADDRESS (Include Zip Code)					
<b>PERMIT APPLICANT</b>	PERMIT APPLICANT'S COMPANY NAME		PERMIT APPLICANT'S FULL NAME (First, Middle Initial, Last)		DAYTIME PHONE #	
	PERMIT APPLICANT'S MAILING ADDRESS (Include Zip Code)			FAX #	ALTERNATE OR CELL PHONE #	
<b>BUILDING CONTRACTOR</b>	BUILDING CONTRACTOR'S COMPANY NAME		BUILDING CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		DAYTIME PHONE #	
	BUILDING CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			WI DWELLING CONTRACTOR QUALIFIER #	WI DWELLING CONTRACTOR #	
<b>ELECTRICAL CONTRACTOR</b>	ELECTRICAL CONTRACTOR'S COMPANY NAME		ELECTRICAL CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI ELECTRICAL CREDENTIAL #	
	ELECTRICAL CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
<b>PLUMBING CONTRACTOR</b>	PLUMBING CONTRACTOR'S COMPANY NAME		PLUMBING CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI PLUMBING CREDENTIAL #	
	PLUMBING CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
<b>HVAC CONTRACTOR</b>	HVAC CONTRACTOR'S COMPANY NAME		HVAC CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI HVAC CREDENTIAL #	
	HVAC CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
<b>SEWER CONTRACTOR</b>	SEWER CONTRACTOR'S COMPANY NAME		SEWER CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI PLUMBING CREDENTIAL #	
	SEWER CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
<b>OTHER CONTRACTOR</b>	OTHER CONTRACTOR'S COMPANY NAME		OTHER CONTRACTOR'S FULL NAME (First, Middle Initial, Last)		WI CREDENTIAL #	
	OTHER CONTRACTOR'S MAILING ADDRESS (Include Zip Code)			DAYTIME PHONE #		
<b>PROJECT</b> (CHECK ONE)	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REMODELING <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER _____					
<b>BLDG TYPE</b> (CHECK ONE)	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> GARAGE/STORAGE <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> OTHER <u>Well operation</u>					
<b>WORK TYPE</b> (CHECK ALL PROPOSED WORK)	<input type="checkbox"/> BUILDING CONSTRUCTION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING/VENTILATING/AIR CONDITIONING <input type="checkbox"/> OTHER _____					
<b>EST COST</b> (LABOR AND MATERIALS)	BUILDING CONSTRUCTION (\$)	ELECTRICAL (\$)	PLUMBING (\$)	HVAC(\$)	OTHER (\$)	TOTAL ESTIMATED COST (\$)
<b>JOB DESCRIPTION</b> (DESCRIBE ALL PROPOSED WORK)	Your e-mail: _____					
<b>BUILDING FEATURES</b> (COMPLETE THIS SECTION FOR NEW BUILDINGS AND ADDITIONS ONLY)	CONSTRUCTION TYPE (Site Constructed or Manufactured)		BASEMENT? (Yes or No)	# OF STORIES (Above Basement)	FOUNDATION TYPE (Poured Concrete, Masonry Block, Treated Wood, Etc.)	
	ELECTRICAL SERVICE SIZE (Amperes)		ELECTRICAL SERVICE LOCATION (Overhead or Underground)		BUILDING USE (Permanent or Seasonal)	
	HVAC EQUIPMENT (Forced Air, Radiant, Heat Pump, Boiler, Etc.)		HVAC FUEL (Natural Gas, LP Gas, Fuel Oil, Electricity, Solid Fuel, Solar, Etc.)		WATER HEATING FUEL (Natural Gas, LP Gas, Fuel Oil, Electricity, Etc.)	
	CENTRAL AIR CONDITIONING? (Yes or No)		SEWER TYPE (Municipal or Private)		WATER SUPPLY (Municipal Utility or Private Well)	
<b>SIGNATURE</b>	<input type="text"/> ENTER YOUR INITIALS IN THIS BOX TO VERIFY THAT YOU HAVE READ AND AGREE TO THE TERMS AND CONDITIONS DETAILED BELOW (REQUIRED FOR APPLICATION TO BE PROCESSED)			APPLICATION DATE	CONSTRUCTION START DATE	

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