

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.

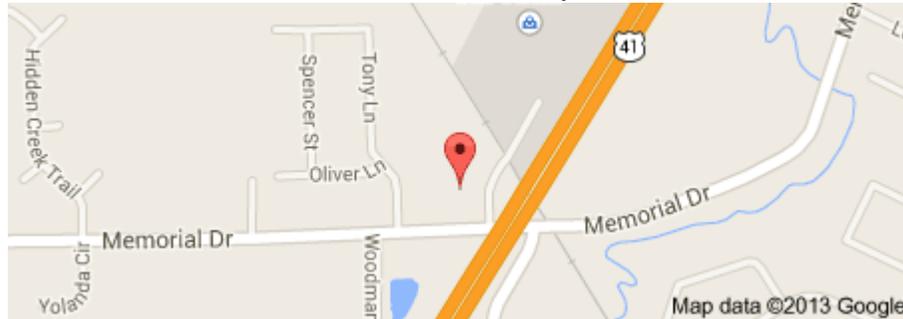
(a) A permit may be granted to a well owner to operate a well for a five-year period of time if the following requirements are met:

(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).

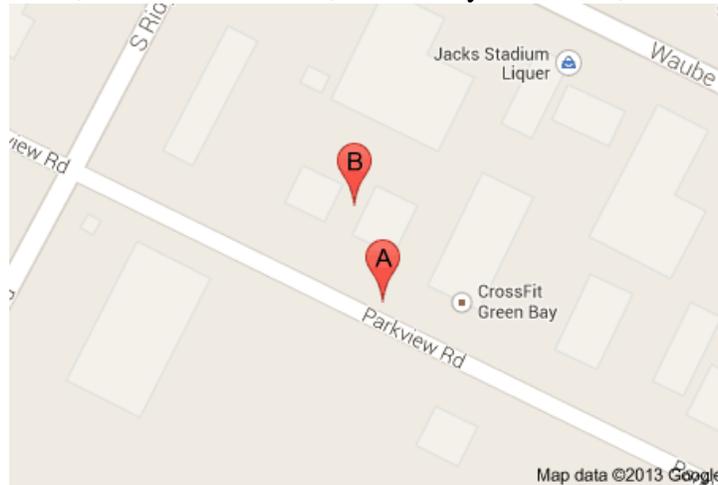
(2) The well has a history of producing safe water and presently produces bacteriologically safe water as evidenced by a minimum of one sampling.

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:

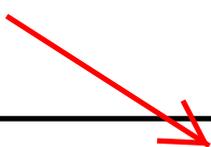
(1) The **well** and pump installation meet the requirements of Wis. Admin. Code ch. NR 112, and a **well** constructor's report is on file for the department of natural resources.

(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)
 PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

NR 812 Compliance Report
 Form 3300-305 (R 09/17) Page 1 of 3

Notice: Information on this form is required under ch. NR 810, NR 812, and NR 845 Wis. Adm. Code. Failure to provide information may result in fines and forfeitures identified in ss. 281.98 or 280.97, Wis. Stats. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records laws (ss. 19.32-19.39, Wis. Stats.). Unless otherwise stated, all citations refer to Wisconsin Administrative Code.

This Form May Not Be Used for a NR 812 Property Transfer Well Inspection - use Form 3300-221

Purpose of Report:

- Verification of well casing depth for an existing well (NR 812.42 (11)) - Complete Sections 1 - 4 and 8
- Identification of noncomplying features not corrected. (NR 812.04) - Complete Sections 1 - 8
- Inspection of an existing well and pump system to verify compliance with NR 812. - Complete Sections 1-8
- Delegated County well inspection, NR 845.05 - See Instructions on page 3
- Well Conditioning Report, NR 812.22 - Complete Sections 1 - 4, 8 and 9

Section 1 - Contact Information

Owner Name	Mailing Address	City, State, Zip Code	Telephone Number
System Name (Only for Public Water System)		PWS Number (Only for Public Water Systems):	

Section 2 - Property Location

Fire Number	Street or Road	<input type="radio"/> Village	<input type="radio"/> City	<input type="radio"/> Township	County
1/4 1/4	1/4 Section	Township		Range	E <input type="radio"/> W <input type="radio"/>
GPS Method : <input type="radio"/> GPS Receiver - Type _____				<input type="radio"/> Online Map <input type="radio"/> Other: _____	

Section 3 - Well Data

<input type="radio"/> Drilled	Casing Diameter	Casing Depth	WUWN	Depth to Bedrock	Total Well Depth
<input type="radio"/> Driven point	in	ft		ft	ft
<input type="radio"/> Jetted well	Casing Height	Depth to Water	Constructed by (if known)		Date Drilled (if known)
<input type="radio"/> Dug	in	ft			
<input type="radio"/> Other	Well Location	Data from:	<input type="checkbox"/> Measurement	<input type="checkbox"/> Driller	<input type="checkbox"/> Owner's Memory
			<input type="checkbox"/> Well Construction Report		

Section 4 - Separation Distances from Well as Required under s. NR 812.08 - check 1st box if present; enter distance to well in 2nd box

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Septic or Holding, or POWTS Tank, 25 ft.	<input type="checkbox"/> Perm. Manure Stack, 250 ft., 1991
<input type="checkbox"/> Soil Absorption Unit or Mound, 50 ft.	<input type="checkbox"/> Temp. Manure Stack, 150 ft., 1994
<input type="checkbox"/> Grease Trap, 25 ft.	<input type="checkbox"/> Silage Storage Tube, 8ft., 1991, 50 ft., 2014
<input type="checkbox"/> Collector Sewer > 6", 50 ft., 1975, 1994 (# of units)	<input type="checkbox"/> Landfill, 1200 ft., 1975
<input type="checkbox"/> Gravity Building Sewer, 8 ft.	<input type="checkbox"/> Kennel with ≤ 5 pets, 8 ft., 1991
<input type="checkbox"/> Pressurized Building Sewer, 25 ft., 1975	<input type="checkbox"/> Kennel with > 5 pets, 50 ft., 1991
<input type="checkbox"/> Buried Petroleum Tank, 100 ft., 1975	<input type="checkbox"/> Salt, Deicing Storage, 250 ft., 1991
<input type="checkbox"/> Buried Home Heating Oil Tank, 25 ft., 1975	<input type="checkbox"/> Other Manure Structure (see code)
<input type="checkbox"/> Surface Fuel Oil Tank > 1,500 gal, 100 ft., 1991	<input type="checkbox"/> Swimming Pool (Above or Inground), 8 ft., 1975
<input type="checkbox"/> Surface or basement liquid petroleum tank < 1,500 gal., 25 ft., 2014	<input type="checkbox"/> Barn Gutter, 25 ft., 1975; 50 ft., 2014
<input type="checkbox"/> Ditch or Culvert, 8 ft., 1994	<input type="checkbox"/> Animal Yard or Shelter, 50 ft., 1975
<input type="checkbox"/> Lake, Stream or River, 25 ft., 1975	<input type="checkbox"/> Animal Barn, 50 ft., 2014
<input type="checkbox"/> Wastewater Sump/Watertight, 8 ft., 1975	<input type="checkbox"/> Animal Barn Pen, 25 ft., 1975; 50 ft., 2014
<input type="checkbox"/> Silo, 50 ft., 1975, 1991	

Section 5 - Pump/Supply Line Data

Pump Type:	Well Discharge Piping:	
<input type="checkbox"/> Submersible	<input type="checkbox"/> Single Pipe Packer-Jet	<input type="checkbox"/> Above Ground
<input type="checkbox"/> Shallow Well	<input type="checkbox"/> Hand Pump	<input type="checkbox"/> Below Ground
<input type="checkbox"/> Double Pipe Deep Well	<input type="checkbox"/> Offset - Height Above Floor _____	<input type="checkbox"/> Pitless Adaptor
<input type="checkbox"/> Working Head	<input type="checkbox"/> Other _____	<input type="checkbox"/> Pressurized Concentric Piping
Pump Location:	<input type="checkbox"/> Non Pressurized Concentric piping	<input type="checkbox"/> Non Pressure Conduit Present
<input type="checkbox"/> In Well/Submersible	<input type="checkbox"/> Basement	<input type="checkbox"/> Overflow Pipe for Flowing Well
<input type="checkbox"/> On Well	<input type="checkbox"/> Building	<input type="checkbox"/> Unprotected Buried Suction Line
<input type="checkbox"/> Pit	<input type="checkbox"/> Pumphouse	
<input type="checkbox"/> Alcove	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> None - Unused well must be filled and sealed		
	Pump Make/HP (if known)	Pump Installer (if known)
	Pressure Tank Type/Location	Pump Installation
		<input type="radio"/> Complies
		<input type="radio"/> Does Not Comply

Section 6 - Well and Pump Code Violations Needing Correction - Check if Noncomplying

- | | |
|--|--|
| <input type="checkbox"/> Unused Well Should be Filled and Sealed | <input type="checkbox"/> Offset Pump or Piping Height < 12" Above Floor (After 1-31-1991) |
| <input type="checkbox"/> Stovepipe or Thin-Walled Casing | <input type="checkbox"/> Yard Hydrant in or on a Well |
| <input type="checkbox"/> Dug Well | <input type="checkbox"/> Materials for Pump and Supply Piping |
| <input type="checkbox"/> Unprotected Buried Suction Line | <input type="checkbox"/> Flowing Well Installation |
| <input type="checkbox"/> Alcove (Subsurface Pumproom) or Pit | <input type="checkbox"/> Check Valve Location |
| <input type="checkbox"/> Non-Walkout Basement or Below-Grade Crawl Space Well | <input type="checkbox"/> Well Cap or Seal* |
| <input type="checkbox"/> Poor Casing Condition (Badly Corroded or Cracked) | <input type="checkbox"/> Casing Height* |
| <input type="checkbox"/> Contaminant Source too close to well - see above | <input type="checkbox"/> Electrical Wires Not Properly Enclosed in Conduit |
| <input type="checkbox"/> Well in Floodway or Flood Fringe | <input type="checkbox"/> Sample Faucet is Missing or Incorrect^ |
| <input type="checkbox"/> Well at Risk from Localized Flooding | <input type="checkbox"/> Casing less than 6" in diameter for a well in limestone, dolomite, shale, quartz or granite |
| <input type="checkbox"/> Cross-Connection | <input type="checkbox"/> Health/Safety Hazard |
| <input type="checkbox"/> Driven Point Well (installed after 1-31-1991) without construction report | <input type="checkbox"/> Hand Pump |
| | <input type="checkbox"/> Unapproved Spring Box or Surface Water Supply -Contact DNR |

* Item must be corrected if work is being done involving entry into the well
 ^ Item must be corrected if work is being done on pressure tank or piping

Section 7 - Compliance Determination

Based on this inspection, the well and pressure system:

- Complies with Chapter NR 812, Wis. Adm. Code
- Does not comply with Chapter NR 812, Wis. Adm. Code and needs to be filled and sealed per NR 812.26 - See Comments Below
- Does not comply with Chapter NR 812, Wis. Adm. Code but may be repaired/modified to be brought into compliance - See Comments Below

Comments **No physical connection shall exist between the piping of the public water system and the private well.**
(This cross connection inspection was performed by the properly licensed person involve with this well and pump inspection)

Section 8 - Signature

Signature of Individual Inspecting/Working on Installation	License #	Date	Telephone Number
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Section 9 - Well Conditioning Report (Attach original Well Construction Report if available)

Type of conditioning: <input type="radio"/> Hydrofracturing <input type="radio"/> Well Blasting <input type="radio"/> Chemical Treatment	Results Achieved:
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Description of work completed (attach additional sheets if necessary):

Instructions

This Form may not be used for an NR 812 Property Transfer Inspection - use Form 3300-221. Inspections of spring boxes or surface water systems should be referred to DNR staff.

Purpose of Inspection: Check only ONE box.

Verification of casing pipe depth: Use this form when verification of casing pipe depth is required by NR 812.42(11) due to a lack of a confirmable well construction report. This report shall be submitted to the DNR and the well owner no later than 30 days after performing the verification.

Identification of noncomplying features: Use this form to notify an owner of non-complying features that were not upgraded during work as required in NR 812.04.

A copy of this form shall be filed with the DNR by the well driller, pump installer or by the water system owner or user within 10 days after the initial evaluation of the water system has been completed if the required repairs are not made.

Inspection of an existing well for compliance with NR 812: Use this form to report an inspection requested by the DNR, or an inspection requested by a municipality under a local private well ordinance to comply with NR 810.16. This form shall be submitted to the entity that requested the inspection.

Delegated County well inspection: Use this form for any inspection conducted under NR 845.05. For Level 1 Inspections, complete Sections 1-4, 7 and 8. For Level 3 Inspections, complete Sections 1-8.

Well Conditioning Report: Use this form to document the results of well conditioning as required by NR 812.22. A copy of this form shall be submitted to the DNR within 30 days after the work is completed.

Note: Batch chlorination is not well conditioning

Section 1: Enter the well owner contact information you have at the time of inspection.

When identifying noncomplying features or conditioning a well with a confirmed existing well construction report, you may attach the existing well report to this form and enter any information that needs to be changed in the appropriate sections of the form.

Section 2: Well locations should be identified as precisely as possible. For any inspection or report that is required to be submitted to the DNR, the County, Fire Number and/or Street address and either a Latitude/Longitude or Town/Range/Section are required fields.

Section 3: For 'Verification of well construction for an existing well', the casing depth, and total well depth are required fields. If the well has a WI Unique Well Number (WUWN), you may enter it and attach it or continue to the next section.

Section 4: Check the 1st box if present and enter the distance to the well in the 2nd box.

Section 5: Enter as much information about the pump and supply line as you can verify.

Section 6: Check only those features that DO NOT comply with the requirements for existing wells in NR 812.

Section 7: Check only ONE box and provide comments as needed.

Section 8: The individual performing the operation or inspection should sign and enter their license or registration number.

Section 9: Check only ONE box and describe the work done and the results achieved.

When required above, return this form to the DNR Bureau of Drinking Water and Groundwater- DG/5,
PO Box 7921, Madison, WI 53707-7921

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County		WI Unique Well # of Removed Well		Hicap #	
Latitude / Longitude (see instructions)		Format Code		Method Code	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002	
_____ N		<input type="checkbox"/> OTH001			
1/4 / 1/4	1/4	Section	Township	Range	<input type="checkbox"/> E
or Gov't Lot #			N		<input type="checkbox"/> W
Well Street Address					
Well City, Village or Town					
Well ZIP Code					
Subdivision Name					
Lot #					
Reason for Removal from Service					
WI Unique Well # of Replacement Well					

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

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug
Formation Type:	
<input type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		
<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> 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 **DNR Use Only**

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

Instructions

Well Filling and Sealing

Wisconsin Administrative Code (NR 811, 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 Report 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, including the date of Filling and Sealing or verification. It will be implied that you did do the filling and sealing work or the verification 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: Locate the well by Public Land Survey (Gov't Lot or $\frac{1}{4}$ $\frac{1}{4}$, $\frac{1}{4}$, Section, Township and Range) AND latitude and longitude coordinates, using GPS or on-line map locators.

Format Code: Check which format you are reporting in: DD = Decimal Degrees ____ . ____ ° or DDM = Degrees Decimal Minutes ____ ° ____ . ____ ' (Place decimal point appropriately).

Method Code: Check which method you are using to determine latitude/longitude: GPS008 = GPS Receiver; SCR002 = Online Map/Viewer; OTH001 = Other.

(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) FILLED & SEALED WELL/DRILLHOLE/BOREHOLE INFORMATION

Original Construction Date: Fill in the original date of construction for the well or boring in mm/dd/yyyy format. This section should include information about the original well.

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 or Verification: List Month/Day/Year (mm/dd/yyyy) the well was filled & sealed or verified filled & sealed.

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

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.

Contractor's Signature Phone Number Date

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



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

LOCATION	JOB SITE ADDRESS (Street Number and Name)		LOT #	SUBDIVISION		
PROPERTY OWNER	PROPERTY OWNER'S FULL NAME					DAYTIME PHONE #
	PROPERTY OWNER'S MAILING ADDRESS (Include Zip Code)					
PERMIT APPLICANT	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 #	
BUILDING CONTRACTOR	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 #	
ELECTRICAL CONTRACTOR	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 #	
PLUMBING CONTRACTOR	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 #	
HVAC CONTRACTOR	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 #	
SEWER CONTRACTOR	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 #	
OTHER CONTRACTOR	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 #	
PROJECT (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 _____					
BLDG TYPE (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 _____					
WORK TYPE (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 _____					
EST COST (LABOR AND MATERIALS)	BUILDING CONSTRUCTION (\$)	ELECTRICAL (\$)	PLUMBING (\$)	HVAC(\$)	OTHER (\$)	TOTAL ESTIMATED COST (\$)
JOB DESCRIPTION (DESCRIBE ALL PROPOSED WORK)	<p style="color: red;">Your e-mail: _____</p>					
BUILDING FEATURES (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)	
SIGNATURE	<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.						

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