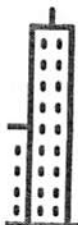




- Home
- Inspections
- Building Applications and Procedures
- Service Areas
- FAQs
- Contact



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Commercial Building Procedure

ALL INFORMATION BELOW MUST BE OBTAINED BEFORE SUBMITTING YOUR COMMERCIAL BUILDING APPLICATION. NO EXCEPTIONS! Please provide a copy of the following documentation when submitting your building application:

- 1.) Driveway Permit**
Exit to Town Roads; permit application needed from the town.
Exit to County Roads; obtain permit application from County HWY Department
Exit to State HWY; obtain permit from Wisconsin Department of Transportation – Eau Claire.
- 2.) Sanitary Permit**
Obtain through St. Croix County Zoning office (715)-386-4680 or Pierce County Land Management (715)-273-6747 by a licensed installer. If connecting to Village/City Sewer contact Village/City administrator.
- 3.) Land Use Permit**
Obtain from St. Croix County Zoning office if your project is located in a shore land / river way area within St Croix County. Call (715)-386-4680 if you are not sure.
Obtain from Pierce County Land Management office (715)-273-6747 for all new construction or additions to existing buildings located in Pierce County. If property is located within the Village of Ellsworth ETZ (Town of Trimble or Town of Ellsworth) then approval is required from Village 715-273-4742
- 4.) Storm Water Runoff Permit - Wisconsin DNR** *dnr.wi.gov/topic/stormwater*
Obtain from the DNR if disturbing more than one acre of land.
- 5.) A Certified Survey Map (CSM) or Plat**
Obtain from County. Show lot dimensions, easements (public & private), location of project and any other buildings, wells and disposal systems (septic) on the property and all property lines. Include proposed driveway location and % slope.
- 6.) Two sets of plans**
If state approval or registration required per COMM 61.30 then bring a copy of state approved building plans along with a copy of plan approval letter from the state. You must have a copy of the state approved plans/letter upon submittal of building application or it will not be accepted.
- 7.) Any approved variances issued by the State, County, Village, City, or Town**
Please include a copy with your application. Separate emails will not be accepted.
- 8.) Commercial Permit Application**
Fill out all applicable areas, include owner's name, address, and phone number. Name, address, phone number and license number of all your contractors (General Contractor, HVAC contractor, Master Electrician and Master Plumbing Licenses.)
- 9.) Obtain any necessary utility approvals**

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St. Croix
Use, Plat
Develop
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Storm water runoff permits

- Construction
- Industrial
- Municipal

Storm water permits, forms, and other information



Urban storm water runoff contains pollutants from roads, parking lots, construction sites, industrial storage yards and lawns. The Storm Water Program regulates storm water discharges from construction sites, industrial facilities and municipalities. These web pages provide program news, permit forms, permit data and technical assistance.

- Learn more
- Technical standards
- Guidance & resources

All-Croix

INSPECTIONS CORP.

1810 CREST VIEW DRIVE #1C
 HUDSON, WI 54016
 OFFICE@ALLCROIX.COM
 715.377.2152

COMMERCIAL BUILDING PERMIT APPLICATION

Instructions: Print all information in ink. Completely fill out. Applications with missing information are considered incomplete and cannot be accepted. Please allow 10 business days for permit processing.

PROJECT/SITE LOCATION			
Street Address:			
City:	State:	Zip:	
Municipality:			
OWNER INFORMATION			
Name:			
Mailing Address:			
City:	State:	Zip:	
Phone 1:	Phone 2:		
Email:			
APPLICANT INFORMATION (IF DIFFERENT FROM OWNER)			
Name:			
Mailing Address:			
City:	State:	Zip:	
Phone 1:	Phone 2:		
Email:			
GENERAL CONTRACTOR INFORMATION			
Name:			
Street Address:			
City:	State:	Zip:	
Email:			
Phone 1:	Phone 2:		
Contractor Registration #:		<i>(required)</i>	
DESIGN PROFESSIONAL INFORMATION			
Name:			
Street Address:			
City:	State:	Zip:	
Email:			
Phone 1:	Phone 2:		
State License #:		<i>(required)</i>	
TYPE OF PERMIT REQUESTED		SIZE	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration	<i>Check All that Apply</i> <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other	New (Cubic FT)	FT ³
		Proposed Addition (SQ FT)	FT ²
		Existing (SQ FT)	FT ²
SETBACKS (FROM PROPERTY LINE)			
Front:	Rear:	Left:	Right:
BRIEF DESCRIPTION OF WORK			
PROJECT COST			
\$			
APPLICANT'S STATEMENT			
<p>I acknowledge that work under this permit is subject to inspection and shall cooperate with building inspector or an authorized agent to permit any such inspections during reasonable hours. Building Inspectors or their agents will have proper ID.</p> <p>I am the property owner of the above described property and certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable codes and ordinances of the municipality in which the project is located and the State of Wisconsin and any conditions attached hereto.</p>			
_____		_____	
Property Owner Signature		Date	
<p>UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.</p>			
_____		_____	
Applicant Signature		Date	



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SUBCONTRACTOR LIST

Instructions: Print all information in ink.

OWNER/PROJECT INFORMATION
Owner Name:
Project Location:

ELECTRICAL CONTRACTOR	MASONRY CONTRACTORS
Business Name:	Business Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Phone: Phone2:	Phone: Phone2:
Email:	Email:
Electrical Contractor LIC #: EXP:	
Master Electrician LIC #: EXP:	
HVAC CONTRACTOR	INSULATION CONTRACTORS
Business Name:	Business Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Phone: Phone2:	Phone: Phone2:
Email:	Email:
PLUMBER	ROOFING CONTRACTOR
Business Name:	Business Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Phone: Phone2:	Phone: Phone2:
HVAC LIC #: EXP:	
EXCAVATOR	SIDING CONTRACTOR
Business Name:	Business Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Phone: Phone2:	Phone: Phone2:
Master Plumber LIC #: EXP:	
OTHER	OTHER
Business Name:	Business Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Phone: Phone2:	Phone: Phone2:
Email:	Email: