



Application for Appearance before the Architectural Review Committee

Owner's Name _____

Street Address _____, Bayside, WI 53217

Telephone _____

Email _____

Agenda Notice: (This is the description of the project that will appear on the agenda)

For office use only	
Tax key number:	
Application received by:	Date:
\$60 filing fee paid	
Reviewed by Building Inspector:	Date:
Municipal Code Compliant:	
Architectural Review Committee:	Date:
Approval Motion:	

ARC Meeting Information

 Meeting date - 6pm in Village Hall, 9075 N Regent Rd, Bayside
 Deadline for submission of application at 10am

ITEMS WHICH REQUIRE ARCHITECTURAL REVIEW COMMITTEE (ARC) APPROVAL:

- Accessory Structures
- Additions
- Decks
- Fences (25% open)
- Pools (fence)
- Screening
- Railings
- Roofs if changing aesthetically
- Signs
- Windows if changing size or footprint
- Any other items similar in nature

INFORMATION REQUIRED TO APPLY:

- Building permit application
- ARC application
- 2 complete sets of building plans (including elevations and grading)
- Contact the Building Inspector to determine if a current survey is required
- Photographs showing project location, elevations and surrounding views
- Samples or brochures showing materials, colors and designs
- Detailed list of all projects
- All drawings shall be drawn to scale and a copy of contracts
- Topographical map if adding 150 sq ft or more of impervious surface

ALL SURVEYS MUST SHOW THE FOLLOWING INFORMATION:

- All structures located on property
- All impervious surfaces located on the property with dimensions (patios, driveways, sidewalks, decks, pools, etc.)
- Distances to property lines and distances between structures
- Dimensions of proposed structures
- Distance of well to proposed structures

- Please be aware members of the ARC may visit the project site prior to the meeting.
- A \$60 filing fee is due when the ARC application is submitted.
- The deadline for submittal is two weeks preceding the meeting at 10:00 am.
- The building permit fee is paid once the project is approved by the ARC. The permit may be issued on the Friday following the meeting (permit fee must be paid and application complete before permit can be issued).



ARCHITECTURAL REVIEW COMMITTEE MEETINGS AND DEADLINES • 2017

JANUARY						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2 H	3	4	5	6	7
8	9	10	11	12	13	14
15	16 13-Feb	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13 13-Mar	14	15	16	17	18
19	20 H	21	22	23	24	25
26	27	28				

MARCH						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13 10-Apr	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10 8-May	11	12	13	14	15 H
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8 22-May	9	10	11	12	13
14	15	16	17	18	19	20
21	22 5-Jun	23	24	25	26	27
28	29 H	30	31			

JUNE						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5 19-Jun	6	7	8	9	10
11	12	13	14	15	16	17
18	19 10-Jul	20	21	22	23	24
25	26	27	28	29	30	

JULY						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10 24-Jul	11 H	12	13	14	15
16	17	18	19	20	21	22
23	24 7-Aug	25	26	27	28	29
30	31					

AUGUST						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7 21-Aug	8	9	10	11	12
13	14	15	16	17	18	19
20	21 18-Sep	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4 H	5	6	7	8	9
10	11	12	13	14	15	16
17	18 2-Oct	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2 16-Oct	3	4	5	6	7
8	9	10	11	12	13	14
15	16 6-Nov	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6 20-Nov	7	8	9	10	11
12	13	14	15	16	17	18
19	20 4-Dec	21	22	23	24	25
26	27	28	29	30	H	H

DECEMBER						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4 15-Jan	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25 H	26 H	27	28	29	30
31						

1-262-346-4577 SAFEbuilt, Inc.	WI UNIFORM PERMIT APPLICATION			PERMIT NO. TAXKEY#	
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY	PROJECT LOCATION (Building Address)		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY	
	OF _____ COUNTY: _____	PROJECT DESCRIPTION			
Owner's Name _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Construction Contractor (DC Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Dwelling Contractor Qualifier (DCQ Lic No.) _____		Dwelling Contractor Qualifier shall be an owner, CEO, COB, or employee of Dwelling Contractor		Telephone - Include Area Code _____	
Plumbing Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
Electrical Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
HVAC Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____	
PROJECT INFORMATION		Subdivision Name _____		Lot No. _____	
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. _____	Front _____ Ft.	Rear _____ Ft.	
1a. PROJECT		3. TYPE		6. STORIES	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____	
1b. GARAGE		4. CONST. TYPE		7. FOUNDATION	
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____	
2. AREA		5. ELECTRICAL		8. USE	
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		Entrance Panel Size: _____ amp Service: ___New___Rewire ____Phase___Volts ___Underground___Overhead Power Company: _____		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____	
9. HVAC EQUIPMENT		10. PLUMBING		11. WATER	
<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	
12. ENERGY SOURCE		13. HEAT LOSS (Calculated)		14. ESTIMATED COST	
Fuel Nat. Gas L.P. Oil Elec. * Solid Solar		Total _____ BTU/HR		\$ _____	
Space Htg <input type="checkbox"/>		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.			
Water Htg <input type="checkbox"/>					
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the Notice to Permit Applicants form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the Notice to Permit Applicants form. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.					
<input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the Notice to Permit Applicants form.					
APPLICANT (PRINT): _____ SAFEbuilt, Inc.					
INSPECTIONS NEEDED Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final					
FEES:		PERMIT(S) ISSUED		SEAL NO. _____ Municipality No. _____ - _____	
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____		Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____		RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____	
				PERMIT EXPIRATION: Permit expires two years from date issued unless municipal ordinance is more restrictive.	
				PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____	

Scope of Work

Only items listed are part of this permit. If work is done on items not listed on this permit they will be considered to have been completed without a permit and are subject to double fees.

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost _____

Signature _____

Date _____

Requested Changes at time of work

Must be submitted to the Village prior to or same day work is completed. Failure to return the same day will result in double permit fees.

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost _____

Signature _____

Date _____