TOWN OF Polk

RESIDENTIAL ACCESSORY STRUCTURE APPLICATION PACKET

Additions/Remodels, Accessory Structures, Decks, Gazebos & Pools

CONTACTS: ZONING AND BUILDING INSPECTION

Zoning Secretary, Kelly Eschenfelder	(262) 677-2123, Ext. 4	zoning@townofpolk-wi.gov
Asst. Zoning Administrator, Alison Pecha	(262) 677-2123, Ext 2	clerk@townofpolk-wi.gov
Building Inspector, Paul Launer	(262) 825-8820	inspector.lci@gmail.com

MISCELLANEOUS BUILDING PERMIT CHECKLIST

_____ **Completed and signed Application for Zoning Review – Residential Accessory Structure and fee (due with application submittal).**

_____ **Completed and signed Town of Polk General Building Permit Application (fee will be calculated after review by Building Inspector).**

_____ **Submit one (1) hard copy and one (1) electronic Plat of Survey** (not required for interior remodel)

- Plats must indicate the location of all proposed and existing buildings, including full lot dimensions.
- Plats must indicate all required setbacks from lot lines, existing buildings, and any right-of-way areas.
- Plats must show the location and description of all erosion control measures where appropriate.
- Plats must show any easements (public & private) impacting the parcel.
- Plats must show environmental corridors.

_____ **Submit one (1) hard copy and one (1) electronic set of Construction Plans.**

- Plans shall include scaled floor plans and elevations (including description of siding and roofing materials), dimensions of the building including rooms, doors, windows, etc.
- Plans must show the proposed elevation of all structures and the finish grade of the site, wall cross sections, and footing and foundation.
- Engineering specifications for all beams, girders, columns, footings (point loads), as well as manufactured floor and roof truss calculations and approvals must be provided at inspection.

_____ **Submit Washington County Landowner/Contractor Self-Certification Form or required Permits as applicable. Link for instructions to complete form:**
https://www.washcowisco.gov/departments/natural_resources/land_resources/permits___applications

_____ **Deliver or Mail paper copies of the MISCELLANEOUS PERMIT APPLICATION materials to Town Hall. Electronic copies should be submitted either via email to zoning@townofpolk-wi.gov or on a flash drive.**

Note: Please be aware it is the responsibility of the property owner to be aware of deed restrictions/covenants associated with their parcel (i.e., architectural restrictions). The property owner should obtain appropriate approvals where required.

APPLICATION PROCESS - May take up to 30 days, but typically two weeks.

1. Zoning staff reviews submittal for completeness.
2. Complete submittals are reviewed for Zoning compliance.
3. Zoning Permitted submittals forwarded to Building Inspector for Building Permit Review.
4. Applicants will usually be notified by EMAIL of permit fees and requests for additional information.
5. Permits distributed after fees and additional information requested in Step 4 is received. Permits may be picked up at Town Hall or mailed at Applicant's request.

CONSTRUCTION INSPECTIONS

1. **Footings** (if applicable) – **before** pouring concrete, all forms are set and bleeders installed.
2. **Foundation Rebar** (if applicable)
3. **Foundation** (if applicable)
   - Inspection of drain tile, prior to stoning
   - Inspection of waterproofing of exterior
   - Inspection of exterior insulation of foundation walls
4. **Under Floor Plumbing** (if applicable)
5. **Floor/Slab Inspection** (if applicable)
6. **Rough Inspections** (To be made **before** covering up work)
   - General construction, including framing
   - Rough electrical
   - Rough plumbing and pressure test according to SPS 382.21
   - Rough heating, ventilating and air conditioning
7. **Insulation Inspection**
8. **Final inspection must be complete PRIOR to occupancy. Additional inspections may be necessary.**

All work must be inspected, rough and final, by the Building Inspection Department. Failure to call for required inspections could result in removal of covering materials to allow the required inspections to be performed. Also, a fee could be assessed for failure to call for required inspections.

The builder or contractor will be responsible for notifying the Building Inspection Department and making sure the inspection is complete. This does not prohibit the right of the Inspection Department to make the inspection within 48 hours as allowed under the State Building Code. When calling for a required inspection, all work must be completed or a re-inspection fee will be charged to the contractor and would be required to be paid to the Town of Polk prior to the inspection being performed.

Mechanical Permits are taken out separately by the contractor where appropriate.

Plumbing: All Plumbing installation must be completed by a Plumber with a valid State of WI issued Plumbing license. If the project is owner occupied, the plumbing may be performed by the property owner.

Electrical: All electrical work must be completed by an Electrical Contractor with a valid State of WI issued Electrical license.

HVAC: All HVAC installation must be completed by a HVAC contractor with a valid State of WI issued HVAC license. If the project is owner occupied, the HVAC may be performed by the property owner.

SCHEDULING INSPECTIONS

To schedule an inspection, call the Building Inspector, Paul Launer, at (262) 825-8820. You will need to provide:

- Project Address
- Type of Inspection
- Phone number and when project is ready for inspection

Minimum 24 hour notice requested.

(Rev. 6/17/26)

Office of the Zoning Administrator
3680 STH 60
Slinger, WI 53086
Ph. 262-677-2123
zoning@townofpolk-wi.gov

APPLICATION FOR ZONING REVIEW
RESIDENTIAL ACCESSORY STRUCTURES

*This application is required to determine compliance with the **Zoning Ordinance** for Residential Home Additions/Remodels, Accessory Structures, Decks, Gazebos and Pools.*

Contact Information:

Property Owner: _____

Address: _____

Phone: _____ Email: _____

Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Contractor: _____

Name of Primary Contact: _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: _____ Parcel ID: _____

Current Zoning: _____ Lot Size: _____ Lot Width: _____

Type of Structure Proposed (please check)**:**

Addition/Remodel: ☐ Acc. Structure: ☐ Deck: ☐ Gazebo: ☐ Other: ☐

Pool Type: ☐ In-Ground ☐ Above Ground ☐ Hot Tub/Spa ☐ Swimming Pond

Application Checklist:

The purpose of the Application Checklist is to ensure a complete submittal has been prepared and to expedite the review process. The checklist is not necessarily inclusive of all requirements needed to obtain approval and does not absolve the Applicant from compliance with other applicable sections of the Zoning Ordinance.

NOTE: One paper copy and one digital copy (PDF or similar format) of the application packet is required

Site Plan Drawing Requirements (excluding Pools)

- Dimensions of lot, including area (in acres or square feet) and street frontage (in feet).
- Distance from all existing and proposed principal and accessory structures to applicable property lines and rights-of-way.
- Distance from existing or proposed principal structure to existing and proposed accessory structures.
- Existing and proposed rights-of-way and widths.
- Existing and proposed easements for and locations of all utility lines on the site.
- Type, size and location of all existing and proposed structures with all building dimensions marked.
- Scaled architectural plans illustrating the design and character of proposed structures.

Site Plan Drawing Requirements for Pools/Hot Tubs/Spas/Swimming Ponds

- Property lines and location of existing structures.
- Location of proposed pool, hot tub, spa, or pond and distance to existing structures, right-of-way and property lines.
- Location of overhead and/or underground wiring in relation to pool, hot tub, spa or pond.
- Dimensions and depth of pool, not tub, spa or pond.
- Type, location, and height/dimensions of deck/fence (if proposed). If no is deck/fence is proposed, indicate if there will be fold up ladder (above ground) or electric pool cover (in ground) per State requirements.
- Location and description of exterior pool lighting, if proposed.
- Location of required filtration system.

Additional plans and data may be required when determined to be necessary in order to complete a thorough and efficient review. Certain submission requirements may be waived when determined to be unnecessary.

Signature and Certification:

I certify the information presented on this Application and the drawings, plans, and other materials included therein are, to the best of my knowledge, complete and in accordance with the Zoning Ordinance.

Applicant Signature: _____ Date: _____

Application Fee:

The fee for Application for Zoning Review Residential Accessory Structures is **$200.00,** which is due with submittal of the application.

Town of Polk

3680 State Hwy 60
Slinger, WI 53086

For inspections call:
262-825-8820

General Building Permit Application

Permit NO.	
TAX KEY #	
Zoning District: _____ Zoning Permit #_____	
Zoning Conditions of Approval:_____	
_____	
Number and Total Sqr. Ftg.	of accessory structures:_____ _____
Project Location (Building Address)	
Project Description	
☐ COMMERCIAL ☐ ONE AND TWO FAMILY	

Owner's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
Contractor's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code

Estimated Cost	Email	License Number DC:	License Number DCQ:

Permit Fees	Quantity	Fee
RESIDENTIAL- 1 and 2 Family		
New Structure		
Remodel/Addition		
Erosion Control		
State Seal		
Accessory Structure		
COMMERCIAL - INDUSTRIAL		
New Building		
Remodel/Addition		
AGRICULTURAL BUILDING		
New Building		
Remodel/Addition		
MISCELLANEOUS		
New Building		
Remodel/Addition		
Decks, each		
Pools		
Special Inspections		
Permit to start instruction of footings & foundation only		
OTHER Residential		
Commercial		
RAZING Residential		
Commercial		

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED. PERMIT FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____ **DATE** _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____ **NO REFUNDS** **ON PERMITS**	CK #_____ Date_____ From_____ Rec.By _____	**Permit Expires 18 months from date of issuance** _____	Name _____ Date_____ Cert.No._____

Do I need a Permit from the County?
Landowner/Contractor Self-Certification

By completing the following Permit Triggers Checklist and associated instructions I have verified that my proposed project does not need a permit from Washington County or will impact the septic system on the property identified below.

By answering YES to any of the following questions, a County Permit or Approval may be required and will need to be obtained either prior to or in conjunction with the local government permits or approvals.

County Highway: Right-of-Way / Access Permit ☐ **YES** ☐ **NO**

- My property is along a County Highway and will require a separate access/driveway to road.
- The construction activity of my project will occur within the Road Right-of-Way.

Shoreland-Wetland-Floodplain Zoning ☐ **YES** ☐ **NO**

- The area of ground disturbance of my project will be within the Shoreland Zone based on the County's GIS Map.

Private Onsite Wastewater Treatment System ☐ **YES** ☐ **NO**

- My project is a new home, business or will need a connection to the septic system.
- My project increases the number of bedrooms of the home on the property.
- My project/structure will be close to the septic system drain field, within 15 feet from the field or base of the mound.
- My project/structure will be close to the septic tank or holding tank, within 5 feet from the edge of tank (add an additional 10 feet if measuring from the edge of the tank cover).

Erosion Control and Stormwater Management ☐ **YES** ☐ **NO**

- My project will have more than: 4,000 square feet of ground disturbance; 400 cubic yards of excavation/fill; and/or disturb 300 lineal feet of a ditch or swale.
- My project adds more than 20,000 square feet of impervious surfaces including gravel, that did not exist prior to year 2000.
- My project involves the construction of a new public or private road that will serve two (2) or more homes.

Nonmetallic Mining ☐ **YES** ☐ **NO**

- My project involves the extraction and sale of nonmetallic minerals that include, but are not limited to, stone, sand, gravel, asbestos, beryl, diamond, clay, coal, feldspar, peat, talc, and topsoil.

Owners Name: _____ Tax Key # _____

Property Address: _____

Phone – Home/Cell: _____ Email: _____

Brief description of project: _____

_____

_____

_____

I assume full responsibility if I neglect or misrepresent the location or scope of my project for any fees, fines or requirements associated with the above regulations and for any damage or function to the property's septic system.

Signature: _____ Date: _____

NOTICE TO APPLICANT: Present this form to your local municipality to apply for your building permit, please note that permits may also be required from other agencies including the State Department of Natural Resources, and/or U.S. Army Corps of Engineers.