



CANOPY AND AWNING PERMIT GUIDE

CITY OF WAUPACA

Apply for the Permit

Please plan ahead when applying for your permit. We suggest that you apply for the permit a minimum of 2 weeks prior to your start date.

Make sure all of the required information is included and submit to the Department by email: cedinfo@cityofwaupaca.org





**CITY OF WAUPACA
DEPARTMENT OF INSPECTION
111 S. MAIN STREET
WAUPACA, WI 54981
PHONE: 715-258-4404 · FAX: 715-258-4426**

DATE: _____

APPLICATION FOR CANOPY AND AWNING PERMIT

APPLICANT'S NAME*: _____ PHONE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____
ASSOCIATION TO PROPERTY OWNER: _____

PROPERTY OWNER'S NAME: _____ PHONE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE NO: _____ LICENSE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____

PROJECT LOCATION:

Project Address: _____
Parcel No: _____
Zoning District(s): _____
Estimated Cost \$: _____

PROJECT TYPE:

- New Construction
- Addition
- Alteration
- Move

Does the canopy/awning extend over a City right of way? Yes¹ No If yes, attach a copy of your Liability Insurance Policy.

NOTICE: A City of Waupaca permit only authorizes construction/use pursuant to City ordinances and regulations. The construction/use contemplated by this application may require approvals and/or permits under County or State rules, regulations and ordinances. It is the sole responsibility of the owner/applicant to obtain such approvals/permits. Applicant certifies that the above information is accurate. A permit is void if issued in error or under a misstatement of fact.

***IF TENANT IS APPLYING FOR PERMIT, A SIGNATURE IS NEEDED FROM PROPERTY OWNER ALLOWING PROJECT.**

APPLICANT'S SIGNATURE: _____ DATE: _____
PROPERTY OWNER'S SIGNATURE (IF APPLICABLE): _____ DATE: _____

If electrical work is to be done, an electrical permit is required. Please complete the following section.

ELECTRICAL CONTRACTOR: _____ PHONE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____
MASTER ELECTRICIAN LICENSE #: _____ EXPIRATION DATE: _____
ELECTRICAL CONTRACTOR LICENSE #: _____ EXPIRATION DATE: _____

FOR OFFICE USE ONLY: FEE: _____ PAID: _____ DATE: _____ INITIALS: _____



Community & Economic Development

Community & Economic Development
111 S. Main Street • Waupaca, WI 54981
jarod.rachu@waupacawi.gov
www.cityofwaupaca.org
715.942.9912

APPLICATION for SITE PLAN REVIEW - NONRESIDENTIAL

Notice: Please complete the Application in full. The City of Waupaca cannot accept an incomplete Application Form or Application Packet lacking all required information.

Preapplication Consultation: As per Chapter 17.318(7)(a) of the City of Waupaca Zoning Ordinance (hereafter, Zoning Ordinance): 'Prior to submitting an Application for Site Plan Review (hereafter, Application) the developer shall contact the Zoning Administrator to schedule a meeting with the Community and Economic Development Director, Director of Public Works, and Zoning Administrator to discuss the proposed site plan. The developer shall provide a concept site plan for discussion at least three business days prior to the scheduled consultation.'

Has the required Preapplication Consultation been held? Yes _____ No _____

Name of Business / Project: _____

Contact Information (as applicable):

Property Owner: _____

Address: _____

Phone: _____ Email: _____

Applicant* (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

*IF TENANT IS APPLYING FOR PERMIT, A SIGNATURE IS REQUIRED FROM PROPERTY OWNER ALLOWING PROJECT.

Developer / Contractor (as applicable): _____

Address: _____

Phone: _____ Email: _____

Electrical Contractor (as applicable): _____

Address: _____

Phone: _____ Email: _____

Plumbing Contractor (as applicable): _____

Address: _____

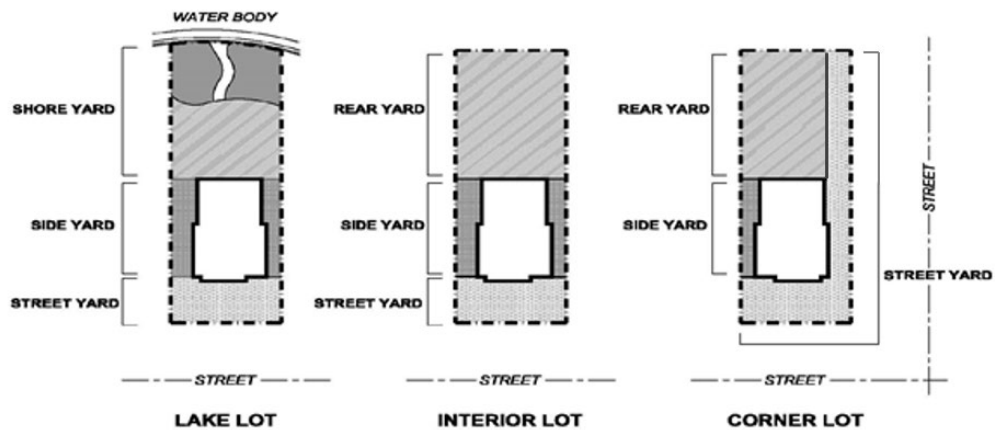
Phone: _____ Email: _____

Property Description:

Property Address: _____

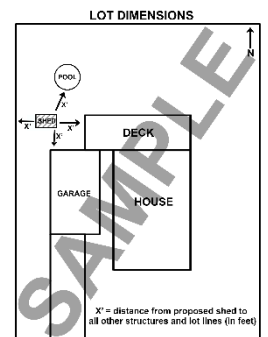
Current Use of Property (provide detailed description: _____

Yard
Type
Illustration:



Please label and depict the following on the site plan (can be drawn or printed):

- Physical dimensions of the lot and location of property lines
- Location of all streets and alleys adjacent to the property
- Vision corners (streets and alleys driveways)
- Driveway and parking locations
- Location of All existing structure(s)
 - o Primary (SF & 2F)
 - o Accessory (porch, deck, garage, pool and the like)
- Size of primary structure
- Location of proposed structure(s) *indicate as proposed*
- Size of proposed structure(s)
- Height of proposed structure(s)
- Distance of proposed structure(s) to all property lines and structures from farthest projection point
- Open space calculation of property
- Floodplain/Wetland areas (if applicable)
- Location of existing septic tank and drainfield and/or well (if applicable)
- Easements (if applicable)



Please be aware that restrictive covenants may pose additional regulations.

Please use the space provided for site plan or include as an attachment.



Additional Information:

Additional information, as applicable, shall be included as an attachment to the Application.

It is the Owner's responsibility to determine property line location and location of easements and to ensure proposed structures comply in all respects with the requirements of the zoning ordinance. Any issues that arise are the sole responsibility of the property owner.

Additional plans and data may be required when determined by the Zoning Administrator to be necessary in order to complete a thorough and efficient review. Certain submission requirements may be waived when determined by the Zoning Administrator to be superfluous.

Every property owner and contractor shall maintain all required insurance against any form of liability to a minimum of \$300,000 (per occurrence and aggregate with regard to bodily injury and property damage). The City shall not be held liable if the property/sign owner does not maintain the required insurance per this section and damage is caused by elements of the property in the right-of-way.

Submittal Format:

A digital copy of the Application and associated materials shall be submitted in PDF or compatible format unless otherwise requested by the Zoning Administrator.

Commencement of Construction:

No project shall commence construction prior to the issuance of a Site Plan Permit under Chapter 17: Zoning Regulations, a Building Permit under Chapter 14: Building Code, other applicable City of Waupaca permits, or any required State or Federal approvals.

Substantive Changes:

Any substantive change to the use of this parcel and its structures or the addition of new structures shall require an amendment to the authorized site plan.

Other Permits:

The information, data, and plans required in this Application, and the approval, conditional approval, or denial of said Application, are specific to the Zoning Ordinance. Additional approvals may be required under Chapter 14: Building Code, or by the Department of Public Works and other City Departments under applicable chapters of the City of Waupaca Code of Ordinances.

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: _____

Consultant Fees:

The City may retain the services of professional consultants (including planners, engineers, architects, attorneys, environmental specialists, recreation specialists, and other experts) to assist in the review of a proposed site plan. The submittal of this Application shall be construed as an agreement to pay for such professional review services applicable to the proposal. The City may apply the charges for these services to the petitioner. The City may delay acceptance of this Application as complete, or may delay final approval, until the petitioner pays such fees. Review fees which are applied to a petitioner, but which are not paid, may be assigned by the City as a special assessment to the subject property. The Petitioner shall be required to provide the City with an executed copy of a professional services reimbursement form as a prerequisite to the processing of the development application.

OFFICE USE ONLY

Tax Key No.: _____ Zoning District: _____ Lot Size: _____

Fee: _____ Receipt Number: _____ Date Paid: ____ / ____ / ____

Ruling: Approved: _____ Denied: _____