

Fences

Village of Butler Building Inspection Department
12621 W Hampton Ave
262-346-4576
butlerinspections@safebuilt.com
butlerwi.gov

Page CD 54:149

Section 54-601

Residential fences and hedges are permitted on the property lines in the yards of residential districts, but shall not, in any case, exceed a height of (6) feet; shall not exceed a height of three (3) feet when placed on the street side of a residence and within the front yard setback area; and, shall not be closer than five (5) feet to any public right-of-way. The property owner erecting a fence is solely responsible for ensuring that the fence is located properly on their property.

APPLYING FOR A FENCE PERMIT

1. Submit a plot plan of the property showing where on the property the fence will be placed.
2. Submit a uniform permit application.
3. Submit fence sample via photo or spec sheet indicating the fence height.

PROCESS

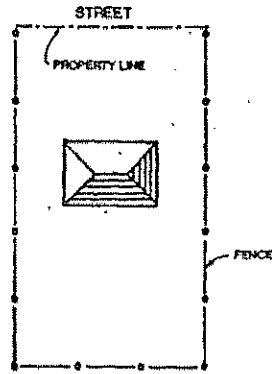
The request will be reviewed and submitted to the Building Board for approval. If approved, you will be called for payment of permit. Once we receive payment, your permit will be issued. Permits are valid for 12 months from date of issuance.

FINAL INSPECTION-Call for final inspection.

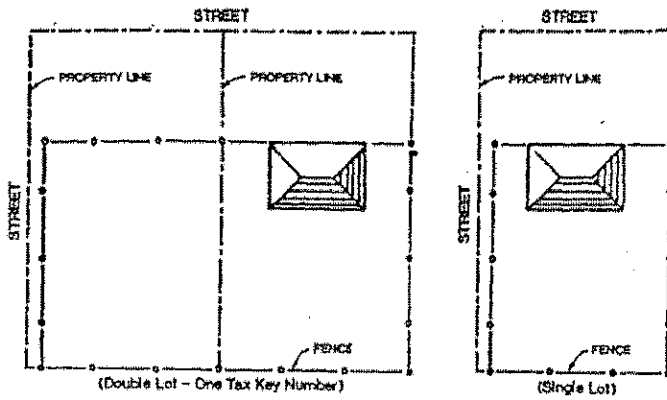
Remember we are here to serve and protect you, the homeowner. If we may be of further service, please call: (262)-346-4576 during normal business hours.

**PLEASE CALL DIGGER'S HOTLINE AT LEAST 3 DAYS PRIOR TO STARTING YOUR PROJECT.
(800) 242-8511 OR (800) 542-2289**

ILLUSTRATION NO. 6
PERMITTED RESIDENTIAL FENCE LOCATIONS



Permitted Residential Fence Location on an Interior Lot



Permitted Residential Fence Location on a Corner Lot

SAFEbuilt Call (262) 346-4576 butlerinspections@safebuilt.com	<h1 style="margin: 0;">WI UNIFORM PERMIT APPLICATION</h1>	PERMIT NO. TAXKEY#
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ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF BUTLER COUNTY: WAUKESHA	PROJECT LOCATION (Building Address)	PROJECT DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY
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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.	Block No.																								
Zoning District	Lot Area	Sq. Ft.	N.S.E.W. Setbacks	Front Ft.	Rear Ft.	Left Ft.	Right Ft.																							
1a. PROJECT		3. TYPE		6. ELECTRICAL		9. HVAC EQUIPMENT		12. ENERGY SOURCE																						
<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		Entrance Panel Size: _____ amp Service: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<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 _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Fuel</th> <th>Nat. Gas</th> <th>L.P.</th> <th>Oil</th> <th>Elec. *</th> <th>Solid</th> <th>Solar</th> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Fuel	Nat. Gas	L.P.	Oil	Elec. *	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1b. GARAGE		4. CONST. TYPE		7. FOUNDATION		10. PLUMBING		* <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.																						
<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 _____		Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic No. _____																								
2. AREA		5. STORIES		8. USE		11. WATER		13. HEAT LOSS (Calculated)																						
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other _____		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well		Total _____ BTU/HR																						
								14. ESTIMATED COST																						
								\$ _____																						

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. **Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ **PRINT NAME** _____ **DATE** _____

APPROVAL CONDITIONS This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

INSPECTIONS NEEDED Building Footing Foundation Rough Insulation Bsmt. Fl. Final
 Electric Rough Service Final **Plumbing** Rough Underfloor Final **HVAC** Rough Final

FEES:	PERMIT(S) ISSUED	SEAL NO. _____	Municipality No. _____									
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee 40% _____ Other _____ Total _____	Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">RECEIPT</th> <th style="width:50%;">PERMIT EXPIRATION:</th> </tr> <tr> <td>CK # _____</td> <td rowspan="4">Permit expires two years from date issued unless municipal ordinance is more restrictive.</td> </tr> <tr> <td>Amount \$ _____</td> </tr> <tr> <td>Date _____</td> </tr> <tr> <td>From _____</td> </tr> <tr> <td>Rec By. _____</td> <td></td> </tr> </table>	RECEIPT	PERMIT EXPIRATION:	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive.	Amount \$ _____	Date _____	From _____	Rec By. _____		PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____
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