

Residential Additions

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

Bring in 2 "sets" of plans. (1/4" =1' scale minimum size). A set includes all floor plans, elevations, cross sections, and details. Also include structural calculations for unusually large beam/headers for large spans. One (1) set of heat loss calculations.

Also need: 1 copy of a current survey (within 1 year) showing your existing home and location of proposed room addition. Be sure to indicate distance from lot lines to the overhand of the new addition.

All plans, calculations, survey etc. *must* have property address (including suite number where applicable) on all copies.

How close to the lot line can I build the addition?

R-1 Zoning:

- Max Height- 30'

Setbacks

- 30' from road right of way
- 12' side yards
- 30' rear yard

R-2 Zoning:

- Max Height 30'

Setbacks

- 25' from road right of way
- 6' side yards
- 30' rear yard

R-3 Zoning:

- Max Height 30' or two stories in height, whichever is less

Setbacks

- 30' from road right of way
- 15' side yards
- 25' rear yard

Note: the road right of way is usually ten (10) feet back from the curb.

Inspections are required:

- (A) After excavation and forms are in place; before placing concrete.
- (B) After foundation is built but before backfilling, make sure stone, drain tile & insulation are all in place.
- (C) Underfloor plumbing before floor is poured.
- (D) Basement floor; vapor barrier must be in place
- (E) When all mechanicals are roughed in, and firestopping is in place.
- (F) After Insulation is completely installed **BEFORE** drywalling begins.
- (G) Final inspection

NOTE: The property owner is responsible for correct placement of structures upon a parcel of land to comply with the building and zoning law.

- Permits are issued after Building Board Approval
- Permits expire 12 months from date of issuance.

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












Village of Butler

Waukesha County, Wisconsin



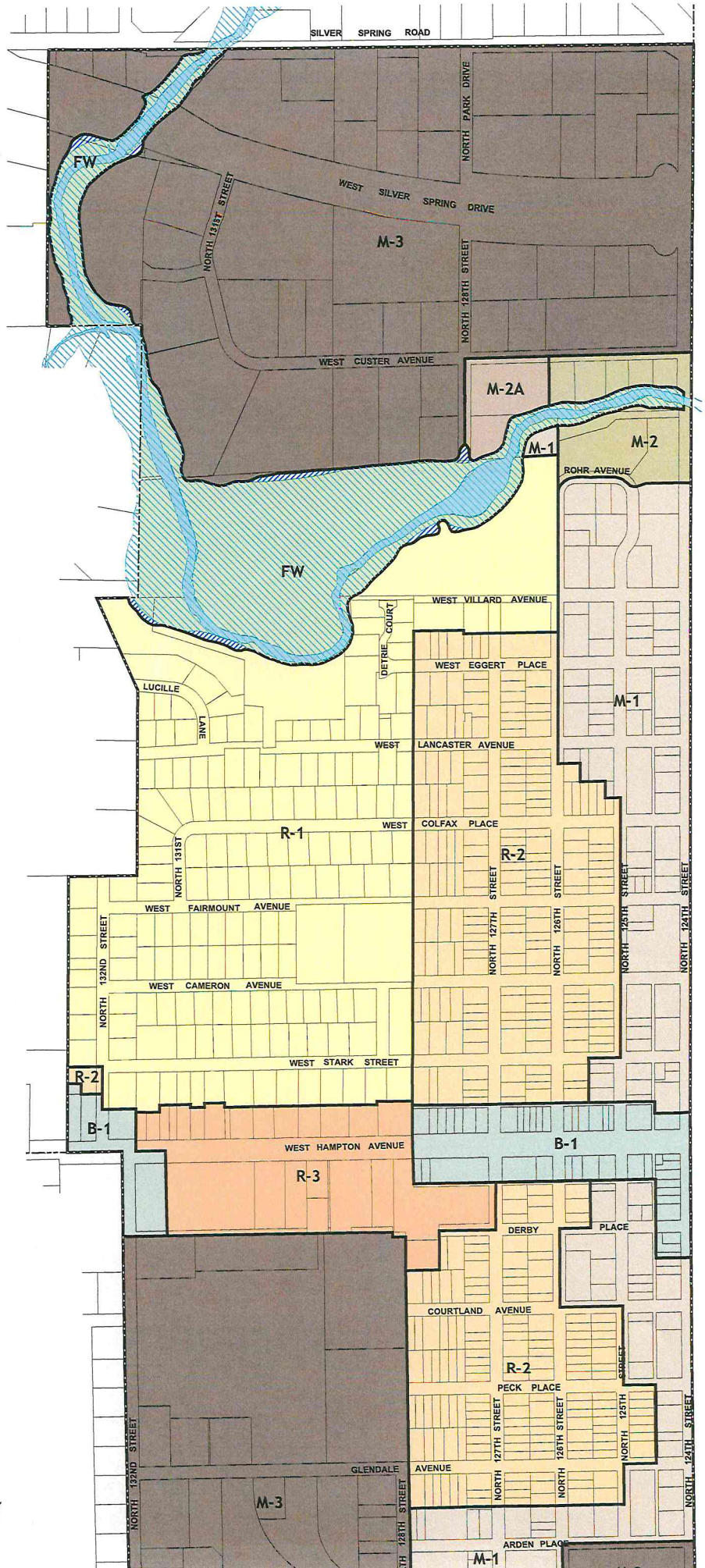
ZONING DISTRICT MAP

LEGEND

	R-1 SINGLE - FAMILY RESIDENTIAL DISTRICT
	R-2 TWO - FAMILY RESIDENTIAL DISTRICT
	R-3 MULTI - FAMILY RESIDENTIAL DISTRICT
	B-1 COMMUNITY BUSINESS DISTRICT
	M-1 INDUSTRIAL DISTRICT
	M-2 LIGHT INDUSTRIAL AND WAREHOUSING DISTRICT
	M-2A LIGHT INDUSTRIAL AND WAREHOUSING DISTRICT
	M-3 HEAVY INDUSTRIAL DISTRICT
	FW FLOODWAY DISTRICT
	FF FLOODPLAIN FRINGE DISTRICT
	FLOODWAY c.2008

NOTES:

1. THE BOUNDARIES OF THE FW FLOODWAY DISTRICT ARE BASED ON FLOODWAY BOUNDARIES AS SHOWN ON THE FEMA FLOOD BOUNDARY AND FLOODWAY MAP DATED NOVEMBER 19, 2008 AND DETAILED FLOODWAY DELINEATION INFORMATION FROM REGISTERED LAND SURVEYORS WHERE APPLICABLE.
2. DATE OF ORIGINAL MAP ADOPTION UNKNOWN. MAP UPDATE WITH AMENDMENTS THROUGH OCTOBER 1, 2008



SAFEbuilt
Call (262) 346-4576
butlerinspections@safebuilt.com

WI UNIFORM PERMIT APPLICATION

PERMIT NO. _____
TAXKEY# _____

ISSUING MUNICIPALITY
 TOWN VILLAGE CITY
OF BUTLER
COUNTY: WAUKESHA

PROJECT LOCATION
(Building Address) _____
PROJECT DESCRIPTION
 COMMERCIAL ONE & TWO FAMILY

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"> <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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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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 # _____		
			RECEIPT		PERMIT EXPIRATION:	
			CK # _____		Permit expires two years from date issued unless municipal ordinance is more restrictive.	
			Amount \$ _____		Name _____	
			Date _____		Date _____	
			From _____		Certification No. _____	
			Rec By. _____			