



Community Development Department
444 West Grand Ave. Wisconsin Rapids, WI 54495
(715) 421-8228
Website: <http://wirapids.org/>

COMMERCIAL PROJECT FACT SHEET

- 1. New commercial buildings and additions require Site Plan Review** through the City of Wisconsin Rapids Plan Commission. Additional approvals may be required dependent upon the development. Contact the Community Development Department for more information early in the construction planning and design process.
- 2. Per [Wis. Admin. Code SPS 361.60\(5\)\(c\)](#), the City of Wisconsin Rapids is a **Delegated Municipality** by the State of Wisconsin Department of Safety and Professional Services (DSPS).**

 - Delegated municipality means the City is responsible for performing plan review and inspection services for all size buildings.
 - The delegation also includes HVAC, fire sprinkler and fire alarm, and plumbing; however small plumbing project will be reviewed internally (<16 fixtures).
 - The City has partnered with E-Plan Exam to perform building plan review services. A 15 business day review is guaranteed. [Click here to apply for Commercial Building, HVAC, Plumbing, Fire Alarm and Fire Sprinkler Plan Review.](#)
 - An exception to this delegation includes any state-owned building, or projects which the owner chooses to submit to DSPS.
 - Per [SPS 361.60\(5\)\(d\)1](#), the City may waive its jurisdiction for plan review in certain circumstances, in which case plans shall be submitted to DSPS.

- 3. Per [Wis. Stat. 101.12\(3\)\(g\)](#), the City of Wisconsin Rapids is delegated to do inspections for all size buildings in lieu of the Department of Safety and Professional Services.**
- 4. Local Building Permit** – A local permit application can be submitted concurrently with the Plan Review above via hardcopy or electronically through [MyGov Software Portal](#). A hold will be placed on the permit until Plan Review is approved.





Community Development Department

444 West Grand Avenue
Wisconsin Rapids, WI 54495-2780
Ph: (715) 421-8228 • Fax: (715) 421-8291

Commercial Project Permit Application

For Office Use Only

Date:	Total Project Cost/Square Footage:	Total Permit Fee:	Parent Permit #:
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PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

BUILDING:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	DC and DCQ State certification ID#'s w/exp. dates:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

ELECTRICAL:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	State Contractor Reg. ID# and Master Electrician license ID# w/exp. dates:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

PLUMBING:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	State Master Plumbing ID# w/exp. date:	Email Address:	
Description of Work:		Meter type: Drinking water <input type="checkbox"/>	Size
		Irrigation <input type="checkbox"/>	
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

HVAC:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	State Contractor's Certification ID# w/exp. date:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

I certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality. 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. I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

Applicant (Sign): _____ **Print:** _____ **Date:** _____