

Building Permit Review Application

Required for all building addition or remodeling projects that meet any of the following criteria:

- Any remodeling affecting a total of 25% of interior square footage of the building
- Addition to the number of bedrooms originally permitted in a structure served by a private septic system.

Applicant (Owner or Authorized Agent) and/or Owner (if not applicant)	Kari Harms	Phone:	608-513-8568
Address of Property Owner or Authorized Agent:	4805 Schneider Dr Fitchburg, WI 53575		
Location of Property:	SE 1/4, SE 1/4, Section: 24	Township: 6N Range 9E	
	Subdivision/CSM: -	Lot -	
Parcel Number:	SEC 25-6-9 PRT SE 1/4 SE 1/4 COM SEC SE COR		
Property Address:	Same ↑ 0609-254-9695-7		

Required attachments: Plot Plan and Floor Plan:

Provide/attach a drawing of your property drawn to scale or adequately dimensioned showing lot lines, well(s), existing POWTS and POWTS replacement area (if known), all existing structure(s), all proposed construction (dotted lines, or clearly labeled) and distances between above. Floor plans of remodeled structures should be dimensioned or drawn to scale and include room designations.

Notes:

- If there are no department sanitary records or soil test records on file, a verification soil test may be required prior to approval of the proposed building addition or remodeling.
- A POWTS found to be a cesspool or found discharging onto the ground surface or into ground water, surface water, or bedrock on the above property, is considered a POWTS failure by State code and the failing POWTS will be ordered corrected whether the building addition is approved or denied.
- Legal description and parcel number information for properties can be found by using the Dane County Land Information database at: <https://accessdane.countyofdane.com/>

Existing House and Private Onsite Wastewater Treatment System (POWTS):

Type of POWTS: (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> In-Ground Trenches | <input checked="" type="checkbox"/> Mound | <input type="checkbox"/> At-Grade |
| <input type="checkbox"/> Aerobic Treatment Unit (ATU) | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> In-Ground Bed |
| <input type="checkbox"/> In-ground Pressure | <input type="checkbox"/> Seepage Pit (Drywell) | <input type="checkbox"/> Cesspool |

Date of POWTS Installation: 8-28-02 Size of Septic Tank: 1600 gallons
 Soil Absorption Area: 600 Square Feet Last Pumped: 10/6/2020
 Age of Existing House: 18 years Size of Existing House: 2,500 Square Feet
 Number of Bedrooms: 4

Type of Proposed Construction:

- Addition
 What is the size of the addition: _____ sq. ft., Dimensions: _____
 *Does the addition contain bedrooms: Yes No If yes, how many: _____
 After addition, Total number of bedrooms: _____ Total number of people using home: _____
- Remodeling If remodeling, how many Sq. Ft.: _____
 Describe Remodeling: _____
- New Structure
- Replacement Structure (Fire, Tornado, Flood, Mobile Home Replacement, etc.): _____
- Detached Accessory Structure (Specify Garage, Pole Barn, Shed, etc.): pool house
 Will there be plumbing in detached accessory structure? Yes No
- Other: (will be used for private use)
- (*POWTS sizing is based on 2 people per bedroom using 50 gallons of water per person per day.)

Previously Completed Construction:

- Addition/remodeling has been previously completed.
 Completion Date (if known): _____
 *A current floor plan of the building and scaled/dimensioned plot plan must be attached.

Signature of owner or authorized agent is required and indicates the above information is accurate to the best of your knowledge and indicates the owner's permission is given to inspect the property for the purpose of this review.

Kari Harms
Owner/Authorized Agent

9-17-22
Date

COUNTY/DEPARTMENT USE ONLY

The department has reviewed the submitted plans for the proposed building addition or remodel at the location noted above.

- The department does not have any objections to the proposed addition or remodel.
- The property owner must first obtain a sanitary permit to modify/replace the existing POWTS components before proceeding with the proposed addition or remodel.
- The following conditions must be met resolving objection from the department:

Sanitary permit required to connect new pool house to existing system

Molly M. Budlong
Public Health Sanitarian

10/13/22
Date

BUILDING PERMIT REVIEW FEES (\$59.00)

Paid

Date Paid: 9-27-22

Sanitary Permit Number: SPW-44477

Check # 4451

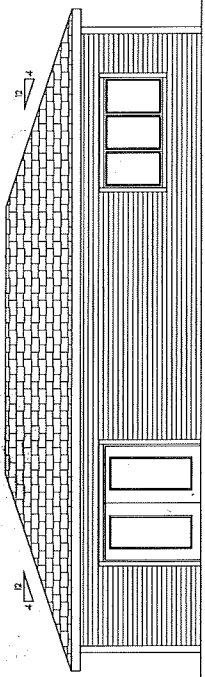
Credit Card

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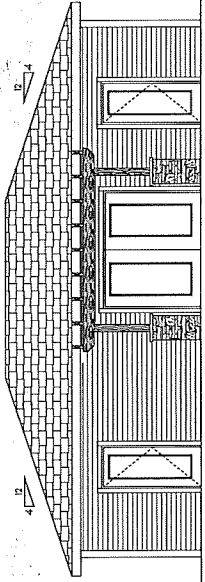
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 134 APPLGATE MADISON WI 53113 (608) 278-0770 AMERICANDESIGNCONCEPTS.COM

ELEVATIONS
 SCALE: 1/4" = 1'

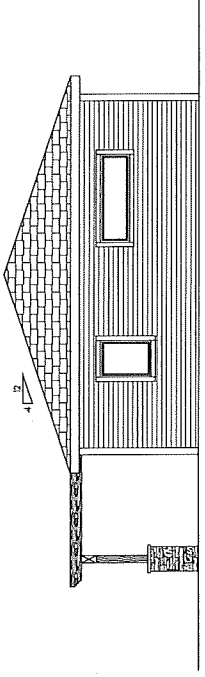
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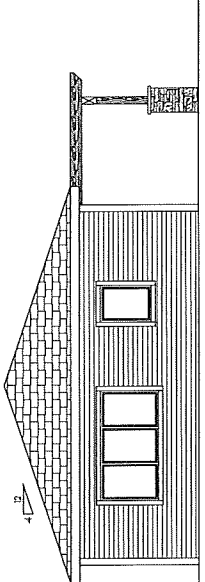
REAR ELEVATION
 SCALE: 1/4" = 1'



FRONT ELEVATION
 SCALE: 1/4" = 1'

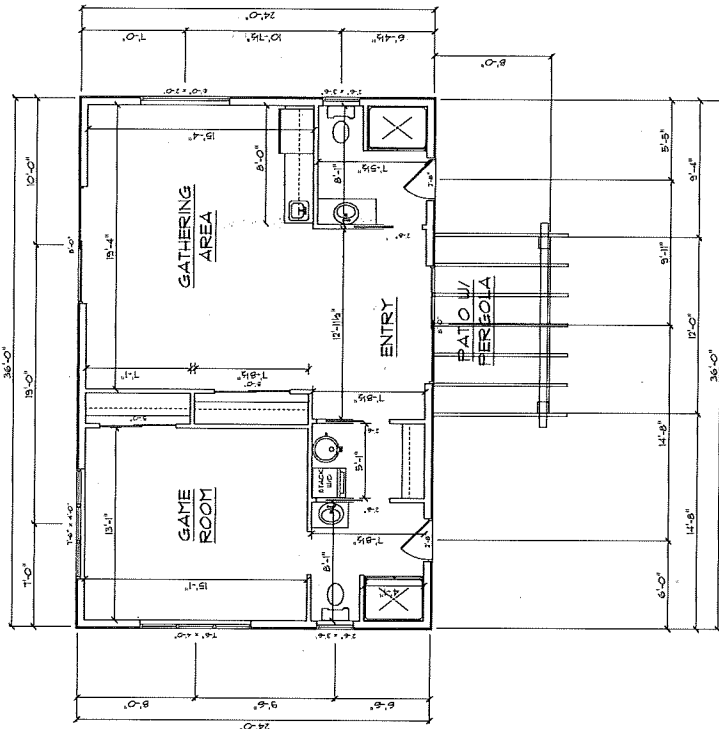


RIGHT ELEVATION
 SCALE: 1/4" = 1'



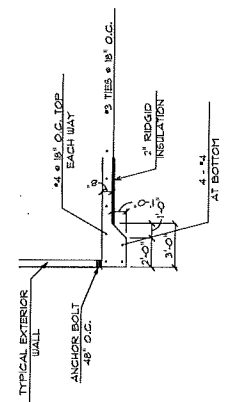
LEFT ELEVATION
 SCALE: 1/4" = 1'

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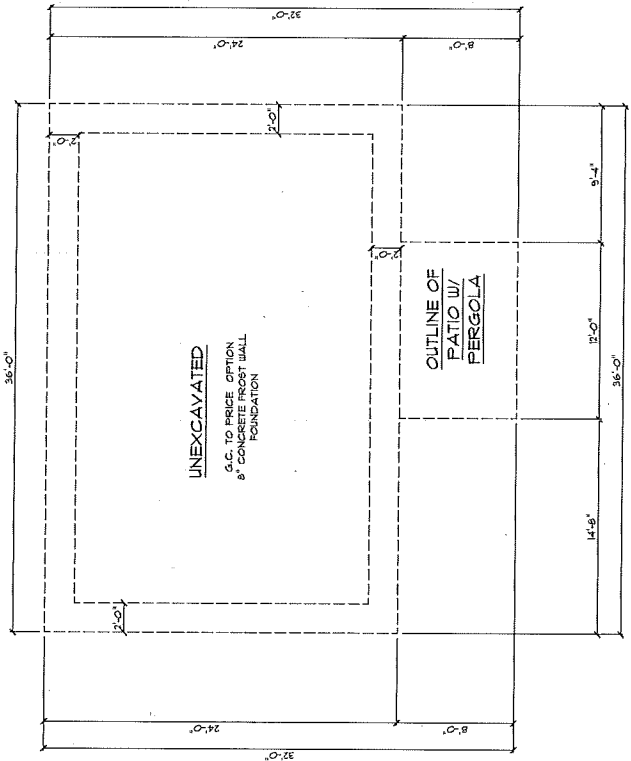


1ST FLOOR PLAN
SCALE: 1/4" = 1'-0"

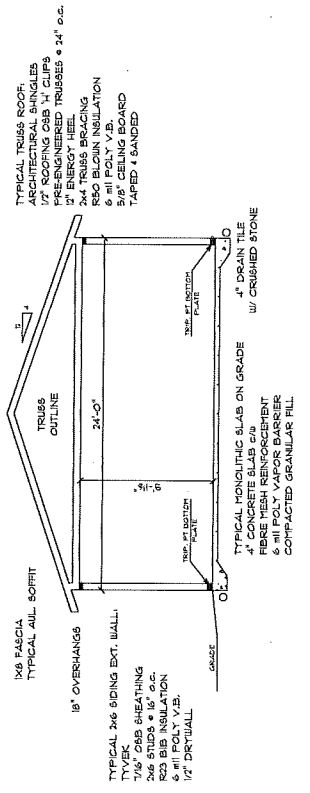
864 SQFT FINISHED AREA



MONOLITHIC SLAB DETAIL
TYPICAL



FOUNDATION PLAN
SCALE: 1/4" = 1'-0"



SECTION THROUGH
TYPICAL

GENERAL HEADER NOTE (UNLESS OTHERWISE NOTED):
 - ALL OPENINGS < 5'-0" TO BE 2x10 - POLY SPF
 - ALL OPENINGS 5'-0" TO 7'-0" TO BE 2x12 - POLY SPF
 - ALL OPENINGS > 7'-0" TO BE ENGINEERED PER SUPPLIER

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 ALL TALL WALLS GREATER THAN 10'-0" TO BE ENGINEERED BY MATERIAL SUPPLIER.

REVISION 04/23	PLAN FIRST FLOOR FINISHED AREA
REVISION 04/23	SCALE: 1/4" = 1'
REVISION 04/23	864 SQFT FINISHED AREA
REVISION 04/23	
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HARMS POOL HOUSE

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