



Application for:
RETAINING WALL CONSTRUCTION
(As per Municipal Code § 106.19 and City of Hudson Retaining Wall Policy)

505 Third Street • Hudson, WI 54016 • (715)386-4767

www.hudsonwi.gov

Date

Applicant Name(s)

Mailing Address

Phone

Email

Property Parcel ID:

Property Location
(if different)

(number)

(street)

(other information)

Location of proposed retaining wall (please attach a map or drawing if possible):

Please check all that apply to the proposed work:

- This is replacement of an existing retaining wall
- This is maintenance of an existing retaining wall
- This is construction of a new retaining wall
- This wall is parallel to City right-of-way or City property
- This wall is parallel to a lot line between two private properties
- This wall is wholly within private property

Maximum height of retaining wall: _____ feet _____ inches

Type of retaining wall proposed:

- Precast concrete block with tiebacks
- Precast concrete block gravity system (no tiebacks)
- Cast-in-place concrete
- Stone/boulder
- Wood/timber
- Other: _____



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The following are to be included with the application:

- Requirements as per the City of Hudson Retaining Wall Policy
- Engineering Plans, specifications, and calculations
- **\$100 non-refundable application fee**
- **Inspection fees will be billed to the mailing address listed on Page 1.**

I (We) have read the City of Hudson Municipal Code § 106-19 and the City of Hudson Retaining Wall Policy and am (are) requesting a permit.

 Applicant Signature(s)

OFFICE USE ONLY

- Permit required? Yes / No
- Material choice allowable? Yes / No
- Fall protection required? Yes / No
- Fall protection provided? Yes / No N/A
- Construction plans provided? Yes / No N/A
- Construction specifications or calculations provided? Yes / No N/A
- Drainage system provided? Yes / No N/A
- Property lines surveyed or marked? Yes / No N/A
- Retaining wall in best interest of City? Yes / No N/A

Structural integrity check: City Engineer: _____ Building Inspector: _____

Approved: _____ Print Name: _____ Date: _____

Inspected by: _____ Consultant (if applicable): _____

Other notes/exemptions:
