

# The Municipality

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March | 2018  
COMMUNITY HEALTH



Creating a  
Healthier,  
More Equitable  
Appleton

4

Improving Health  
Outcomes for  
All through  
Local Policymaking

6

Local Health  
Departments  
Protect and  
Promote Health

8

Keeping Your  
Community Healthy -  
Wisconsin's Tobacco  
Sales Law

12

Wisconsin  
Healthy Communities  
Designation

14

Municipal  
Regulation of  
"Click and Collect"  
Alcohol Sales

15

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# The Municipality

March | 2018

## Feature

Here's to Your Health	Creating a Healthier, More Equitable Appleton	Improving Health Outcomes for All through Local Policymaking	Local Health Departments Protect and Promote Health
<b>3</b>	<b>4</b>	<b>6</b>	<b>8</b>
Keeping Your Community Healthy - Wisconsin's Tobacco Sales Law	Wisconsin Healthy Communities Designation	Women's History Month	Commercial Building Plan Review for Municipalities
<b>12</b>	<b>14</b>	<b>20</b>	<b>22</b>

## Legal

Municipal Regulation of "Click and Collect" Alcohol Sales	Legal FAQs	Legal Captions
<b>15</b>	<b>17</b>	<b>19</b>

## News/Updates/Training

Building Inspectors Registration Form	Gov 101 Registration Form	Save the Date	Transitions
<b>27</b>	<b>29</b>	<b>31</b>	<b>32</b>

## On the Cover

Sanja Miljevic, RN, BSN, Public Health Nurse and Mary Witman examining samples of water collected from sewer basins for the presence of *Culex* mosquito larva. The NSHD tests for *Culex* larva as part of a program to monitor the area for the West Nile virus.





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# Here's to Your Health

Jerry Deschane, Executive Director, League of Wisconsin Municipalities



There are lots of ways a community can “get healthy.” In this month’s magazine, we’re bringing together a few examples; things Wisconsin cities are doing or could do to make their communities more livable, walkable, and enjoyable. The Green Tier Legacy Communities are pioneering some exciting new ideas to promote good health. The University of Wisconsin is offering Wisconsin cities and villages a “Healthy Community Designation.”

This month’s issue also takes a peek at two topics that connect community health and law enforcement. Those are underage tobacco sales and the new phenomenon of “Click it” online alcohol sales and drive-up pickup. The internet has made it easier to buy things; but when it comes to alcohol, is that a good thing? What can a municipality do? What *should* a municipality do in this new 21st century twist on the age-old question of how convenient should we make alcohol sales?

A few months ago, I made some adjustments in my own lifestyle to start to get healthier. I won’t bore you with the details (as I have bored my family for months!), but it was a good change, brought about by the recognition that my body wasn’t getting younger and my habits weren’t going to change by themselves. Good health is, and will always be, primarily a personal matter and a personal responsibility. Villages and cities aren’t “in charge of” the health of their residents. The fact is, though, that municipal ordinances, land use plans, and recreational offerings can make it easier or harder for us to exercise our personal responsibilities.

So, enjoy the magazine. Here’s to your health.

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# Creating a Healthier, More Equitable Appleton

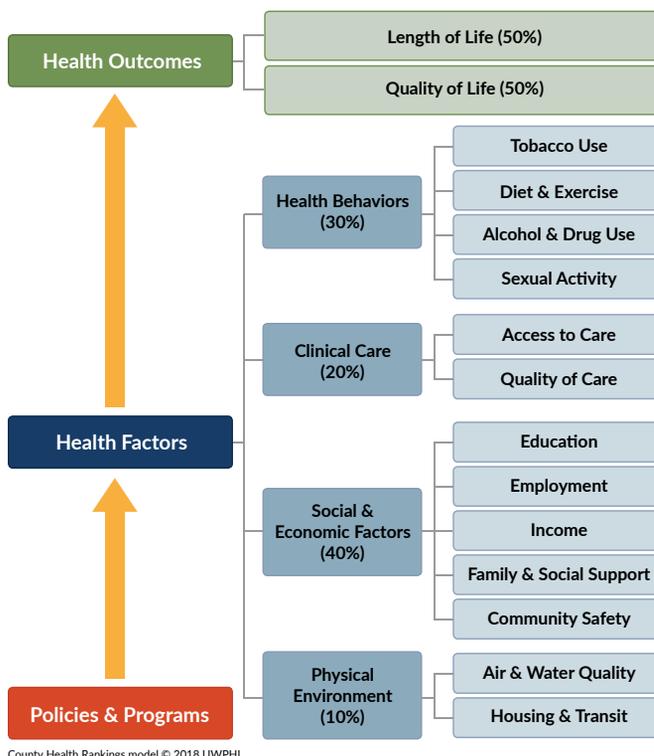
Kurt Eggebrecht, Health Officer, Appleton Health Department

Appleton recently became the first community in Wisconsin to pass a Health in All Policies ordinance. At its core, Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Health in All Policies is based on the recognition that our greatest health challenges – for example, chronic illness, health inequities, climate change, and rising healthcare costs – are complex and often linked. Achieving healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, and more.

As the graph illustrates, most experts agree that approximately 20% of health can be attributed to access to medical care; 30% can be attributed to health behaviors, such as use of nicotine and lack of exercise; and 40% is attributed to socioeconomic factors, such as employment and income. The remaining 10% can be attributed to the built and natural environment, including influences such as air quality, affordable housing, and transit. It's important, then, to consider the consequences of city planning, transportation, or food systems policies which result in lifelong effects on the health of the whole community. Having a Health in All Policies ordinance builds a culture of health, where health is integrated into decisions made in all sectors of society.

Health is influenced by every aspect of how and where we live. Neighborhood characteristics have significant impacts on health outcomes, in part because they influence an individual's ability to adopt behaviors that promote health. In Appleton, our efforts to change behaviors that impact health are most effective when we also address the environment in which our residents make their daily choices. For example, people whose neighborhoods lack parks and trail connectivity or have higher crime rates, have less access to safe places to play or walk. Similarly, people in lower income neighborhoods often have less access to affordable, healthy retail food options and have more access to less healthy fast-food outlets. As a result, serious health problems are concentrated in a fairly small number of distressed neighborhoods and the health problems



University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2018. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

of high-poverty neighborhoods remain substantially more serious than those of our more affluent neighborhoods.

People living in neighborhoods with high rates of poverty often have shorter life expectancies than those who live in neighborhoods with less poverty. We have known for a long time that poor health disproportionately burdens people who live in places that limit their opportunities to live long and well. Parents want to raise their children in neighborhoods with safe parks and quality schools but many do not get to choose where they live.

Economic well-being is one of the most critical determinants of health. Unemployment is associated with poor physical and mental health outcomes. Education is another key determinant

of health. People with higher levels of education experience lower risks for most illness and have increased life expectancy. Health and education go hand-in-hand. Education leads to future economic well-being while educational attainment is shaped by health. For example, the physical and mental health of students significantly impacts school dropout rates, attendance, and academic performance.

The Health in All Policies ordinance also speaks to equity. People of color have consistently lower incomes, less household wealth, and lower educational achievement levels than whites. Children of color are more likely to be living in poverty. Even at equivalent income levels, people of color consistently experience significantly higher rates of illness than their white counterparts. These gaps in health outcomes are costly and preventable. The Health in All Policies ordinance is a way to create more equitable opportunities. Equitable opportunity means having a fair chance to lead the healthiest life possible by addressing key drivers of health such as education, employment, and housing.

#### **Why a Health in All Policies Ordinance in Appleton?**

We want to reshape the places that shape us – our neighborhoods. The goal of the Health in All Policies is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. This approach brings data and expertise to decisions that shape the living conditions and opportunities for health.

Over time, each department director will work with the mayoral-appointed Health in All Policies team and report on progress and challenges from his or her respective department. Department directors are committed to working with their respective departments to integrate and track health and health equity indicators for his or her department and also commit to attending ongoing health equity training. Health equity means that everyone has a fair and just opportunity to be healthier. This often requires removing obstacles to health such as poverty, discrimination, and providing better access to a quality education and housing, a safe environment, and access to affordable healthcare. Department directors will also assist with the writing of a tri-annual Health in All Policies report. This report will include the status of health and health equity in the City of Appleton and progress of Health in All Policies implementation for the Common Council, city staff, community organizations, residents, businesses, and other governmental agencies within the city. This Health in All Policies ordinance directly aligns with the City of Appleton's Strategic Plan.

#### **What do we hope to accomplish in Appleton?**

The Health in All Policies ordinance in Appleton will open up dialogue between government, key stakeholders, and residents most impacted by gaps in health outcomes. By doing so, we will not only prevent costly, preventable illness, this work will lead to a shared community goal of inclusion. No matter your country of origin, native language, sexual preference, household income, whether or not you have been incarcerated, or live with a disability or pre-existing health condition, you are welcome here. We want to live where residents know we have their backs and their health matters to us and impacts our own well-being. It is in this spirit that meaningful discussions can occur that lead to improvements in the social determinants of health.

Early in our journey, we want to study and act on accessible built environments that promote health and safety, including improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting. Over time, the Health in All Policies ordinance will impact the availability of resources to meet the daily needs of our residents including: safe housing; access to healthy and affordable food; access to educational, economic, and job opportunities that lead to sustainable employment; improved neighborhood safety and reduced crime, violence, and social disorder, like the presence of trash and other forms of blight. Perhaps most important will be trending data on social norms and attitudes such as discrimination, racism, and socioeconomic conditions such as concentrated poverty and the chronically stressful conditions that accompany it.

The Health in All Policies team recognizes that leadership and innovation is not always easy, but we owe it to the people we serve to work together to find the best ways to solve complex problems, and this strategy will help us do this. Investing the time and creativity now to consider how health will be impacted by the decisions we make, will lead to solutions that will be win-wins and move us all toward a shared goal of creating a healthier, more vibrant and equitable Appleton.

#### **About the author:**

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Kurt Eggebrecht has served as Appleton's Health Officer since 2000. Prior to his appointment he worked nine years at the Medical College of Wisconsin (MCW) where he managed the health promotion services for employees of Johnson Controls Inc., located in 48 states. Before working at MCW Kurt worked eight years at the Milwaukee Health department where he established the wellness program for management staff of the city. Kurt received his undergrad degree from UW La Crosse and his master's degree from the University of Virginia, both in Community Health Education. Contact Kurt at [Kurt.Eggebrecht@Appleton.org](mailto:Kurt.Eggebrecht@Appleton.org)



# Improving Health Outcomes for All through Local Policymaking

Katya Szabados, Program Coordinator, Legacy Community Alliance for Health and a Senior Associate, COWS

What do your Planning, Engineering, Economic Development, Senior Services, and Finance Departments have in common? They can all have a significant impact on the health and well-being of your community’s residents.

Traditional healthcare models tell us that health outcomes are largely dependent on access to healthcare and personal behavior, but emerging research shows they are heavily influenced by the distribution of money, power, and resources (*see the County Health Rankings Model on page 4*) in a community. The conditions in which people are born, grow up, live, work, and socialize are called the social determinants of health.

Local governments have the opportunity to directly influence many of the determinants of health through their management of parks and recreational spaces, enforcement of building codes, maintenance of public streets and sidewalks, and more. But even where there is political will to take a comprehensive approach to improve health, local governments often face barriers in staff time, capacity, and coordination.

That’s where the Legacy Community Alliance for Health comes in. The Alliance aims to remove barriers to comprehensive local action on health. Funded by a grant from the UW School of Medicine and Public Health, the Legacy Community Alliance for Health is a community-academic partnership to build capacity of municipal staff in Wisconsin to address health and health equity through their work in Wisconsin communities. The project offers opportunities for municipal staff in cities that are members of the Green Tier Legacy Community Network to learn best practices and access training and technical assistance resources from UW-Madison, UW Extension, and other experts from around the state.



Staff from Appleton, Sheboygan, and Port Washington participate in a Health in All Policies training in Sheboygan.

The Legacy Community Alliance for Health is a project that aims to reduce health disparities in Wisconsin communities by giving municipal staff opportunities to learn about and apply evidence-based tools to improve health and health equity.

When communities participate in the Legacy Community Alliance for Health, the first step is for staff from a broad range of departments in each municipality to attend a day-long training and workshop on Health in All Policies – a collaborative approach to improving health by incorporating health considerations into decision-making processes. Training attendees have come from city, village, and town departments such as Planning, Public Works, Parks and Recreation, Streets, Engineering, and Library or Senior Services. Partners from traditional Public Health – often at the county but occasionally at the city – are encouraged to participate alongside their non-traditional “health” colleagues. The training introduces key concepts on the social determinants of health and discusses the many ways in which their day-to-day jobs impact health in their communities. It then encourages them to discuss the barriers to health and health equity in their own communities amongst themselves, incorporating a range of perspectives that often get lost in the siloing of local governments into departments.

After the training, staff return to their roles with increased connections to staff in other departments, and greater

## Academic Partners

- Applied Population Laboratory
- COWS
- Global Health Institute
- Institute for Research on Poverty
- Morgridge Center for Public Service
- Nelson Institute
- Population Health Institute
- UW-Extension
- Urban and Regional Planning

knowledge about how their jobs impact health and equity in their communities. Academic partners then work with staff in each municipality to define a local project to which they can apply a health and equity lens.

These projects vary widely from community to community based on local priorities, interests, and needs. In Appleton, the project supported city staff in the creation and passage of a “Health in All Policies Ordinance” to help direct local attention and resources to making potential health outcomes of policy part of the conversation going forward (see article on page 4 for more information). In the city of Bayfield, the project is working with the city’s Planning Commission to add health and equity language into its Comprehensive Plan update, a plan that will help guide the city’s actions for years to come. Staff in Fitchburg have created a Health in All Policies Staff Working Group and secured additional funding for its work, which will focus on crucial health equity issues in its neighborhoods. And in Monona, city staff are using the partnership resources to pursue transportation projects and initiatives that will make their most vulnerable populations

### Municipalities and Counties Participating in the Legacy Community Alliance for Health



safer when walking and biking. These are just a few examples of how this project is making a difference in Wisconsin communities, and many of the participating communities are still working to identify the right project for their needs.

To learn more about the project, please visit <https://www.cows.org/health-in-all-policies>

#### About the author:

Katya Szabados is the Program Coordinator for the Legacy Community Alliance for Health and a Senior Associate at COWS, where she works

primarily on issues related to energy, transportation, and health. Based at the University of Wisconsin-Madison, COWS is a national think-and-do tank that promotes “high road” solutions to social problems. These treat shared growth and opportunity, environmental sustainability, and resilient democratic institutions as necessary and achievable complements in human development. COWS is nonpartisan, but values-based. We seek a world of equal opportunity and security for all. Contact Katya at [knszabados@cows.org](mailto:knszabados@cows.org)

The Green Tier Legacy Community network helps communities in Wisconsin learn about, act on, and promote their work related to sustainability initiatives through peer learning and technical assistance. Members of the network include cities, villages, and counties in Wisconsin. Members make a commitment to work with the network toward a set of sustainability goals, measure baseline information to track their successes, and participate in a learning network with their peers. This health project grew out of an interest among the network to better incorporate health and healthy planning into the things they track, discuss, and work on. Find more information at [www.greentiercommunities.org](http://www.greentiercommunities.org)

#### Green Tier Partners

- 1000 Friends of WI
- COWS (Center on Wisconsin Strategy)
- League of WI Municipalities
- Municipal Environmental Group - Wastewater
- WI Counties Association
- WI Department of Natural Resources
- WI Energy Conservation Corp.



# Local Health Departments Protect and Promote Health

Ann Christiansen, Health Director/Officer, North Shore Health Department

## What is public health?

Fundamentally, the public health system in Wisconsin protects and promotes the health of people where they live, learn, work, and play. The system is comprised of all the public, private, and voluntary agencies and organizations providing public health services within a jurisdiction. The broad purpose of the public health system is to prevent the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and ensure the quality and accessibility of health services.

Governmental Public Health operates at the federal, state, and local levels. The federal government provides leadership in setting health goals, policies, and standards. It also provides financial and operational support for public health at all levels, along with supporting and financing research and higher education. State agencies like the Wisconsin Department of Health Services (DHS) serve as the public health authority for residents and communities. As outlined by Wisconsin State Statute Chapter 250, DHS is charged with maintaining the public health system in Wisconsin in cooperation with local health departments, community organizations, and medical clinics operated by governing bodies.

## How is Wisconsin's public health system set up?

Wisconsin's 86 local health departments vary in terms of their size, level and scope of service delivery, and governing structure. The majority of local health departments in Wisconsin are county-level departments, with some being stand-alone and others being linked to a county human service department. Some local health departments (like Madison/Dane County) are consolidated city-county, and others like those in Milwaukee County are stand-alone city departments or sub-county consolidated municipal health departments (like the North Shore Health Department). Regardless of the structure of the local health department, all are tasked with providing public health services within the jurisdiction.

Wisconsin Administrative Code – DHS 140 outlines parameters for the minimum structure and function of local health departments. Health departments in Wisconsin may be

Level I, II, or III, with all levels being required to provide six services, including:

- Communicable disease surveillance, prevention, and control;
- A generalized nursing program;
- Services to promote health;
- Services to prevent other diseases;
- Abatement or removal of human health hazards;
- Services to prevent future incidence of occupational disease, environmental disease, and human health hazard exposure.

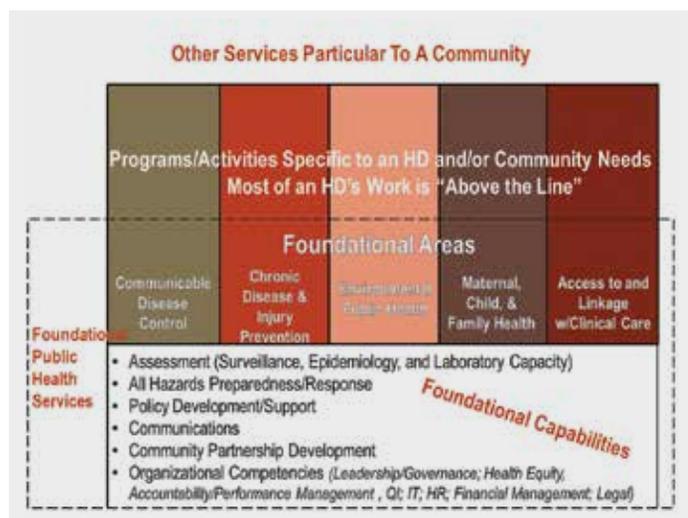
Of the 86 local health departments in Wisconsin, only four are Level I, providing these minimum six services. The majority are Level II. As a Level II, health departments are required to provide or arrange for at least seven programs or services that address at least five health priorities outlined in the state health plan, *Healthiest Wisconsin 2020*. Just over one-third of local health departments are Level III, providing or arranging for at least 14 programs and services addressing at least seven *Healthiest Wisconsin 2020* health priorities.

Local health departments are experiencing “forces of change” impacting the work we do. With the services outlined in Wisconsin State Statute, our work has historically centered on providing direct clinical services like immunizations, often for the uninsured or the under-insured, and screenings for diseases and health conditions like high blood pressure, blood lead, and tuberculosis. Local health departments provide nurse case management for tuberculosis patients and other health conditions like lead poisoning in children. In Wisconsin, many local health departments also provide maternal and child health services through the Women, Infants, and Children (WIC) Program and Perinatal Care Coordination (PNCC), and preventive health screening services to women with little to no insurance through the Wisconsin Well Woman Program. With changing forces in our healthcare system and greater appreciation for the capabilities of local health departments, we are called upon to continue our clinical services, but also to increase our efforts around population-based programs and services.

The increase in population-based programs and services is the result of our understanding that health is about more than access to quality clinical care. Optimal length and quality of life result from health behaviors like not smoking or drinking in excess; access to high-quality clinical care; and our physical environment, which includes clean air and water, adequate housing, and transportation. Approximately 40 percent of our health is driven by social and economic factors including education, employment, community safety, income, and family and social support. As health systems in the 21st century consider health from a more comprehensive perspective, local health departments are being encouraged to adopt the role of what the Centers for Disease Control and others have termed community “chief health strategist” because of our unique role in providing essential services and leadership, engaging communities to identify and support policy solutions, and collecting, analyzing, and sharing data.

### What will local health departments look like in the future?

In 2013, the Public Health Leadership Forum convened national stakeholders to define a uniform minimum package of public health services for local health departments across the United States due to current widespread variability in capabilities and service areas. The group determined that local health departments should have skills in assessment, all hazards preparedness and response, policy development and support, community partnership development, as well as organizational competencies including quality improvement, information technology, legal, and financial management. In addition, health departments should have expertise and/or program-specific activities within the following service areas: communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child and family health; and access to, and linkage with clinical care. The stakeholders termed the suite of skills and program areas the “Foundational Public Health Services.”



RESOLVE's Public Health Leadership Forum's Articulation of Public Health Department's Foundational Capabilities and Services that should be found everywhere for the health system to work anywhere.

Under the Foundational Public Health Services model, health departments serve as a source of knowledge on health issues impacting the community. They are conveners and coalition-builders to incorporate health considerations into all aspects of community planning. They ensure that policies and services for a healthy population are in place. They also continue to partner with the medical health care system to link individual clinical care to the protection of the public's health.

### What could these minimum services look like for communities in Wisconsin?

- A local health department may lead or participate in a coalition bringing together government agencies, schools, healthcare providers, and other stakeholders to review data on drowning deaths in their community. The group would identify and analyze the conditions around which people are dying. This may include learning the fatalities are mostly among young adults with excessive alcohol in their blood at

► p.10

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the time of death. The group could then move forward with policy recommendations limiting nightly drink specials near bar closing time or initiating a patrol of the river in the late evening when young adults are walking home.

- A local health department may receive a call from a healthcare provider reporting her patient has a communicable or infectious disease with the potential to spread throughout the community. The health department would initiate an investigation to contact the people who may have been exposed to the patient to control further spread of the disease.
- A local health department may identify a decrease in the number of blood lead test results they receive and initiate an awareness campaign for parents to get their kids tested if they are at risk for elevated blood lead levels, and for physicians to assess for lead risk exposure.

Many local health departments in Wisconsin are already doing this work. These departments are embracing the role of chief health strategist for their communities and have incorporated the Foundational Public Health Services into everyday work. Thirteen local health departments in Wisconsin have achieved national accreditation where they have demonstrated their ability to provide these services, while many others are in the

process of aligning their work to meet the stringent criteria for national accreditation.

The field of public health is evolving to reflect a greater and more visible role for local health departments in their communities. By aligning with the Foundational Public Health Services, local health departments will continue to serve as important drivers of the larger public health system. In this role they will continue to fulfill their mission of protecting and promoting the health and safety of the people of Wisconsin.

#### About the author:

Ann Christiansen is the Health Director/Officer for the North Shore Health Department (NSHD), a position she has held for three years. The NSHD serves almost 65,000 residents in the communities of Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood, and Whitefish Bay in Milwaukee County. Prior to her current position, Ms. Christiansen was the Assistant Director of the Injury Research Center at the Medical College of Wisconsin for 11 years. She has written numerous papers on incorporating public health research into practice. Contact Ann at [ACChristi@villageofshorewood.org](mailto:ACChristi@villageofshorewood.org)



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# Keeping Your Community Healthy – Wisconsin’s Tobacco Sales Law

Nancy Michaud, Youth Access Program Coordinator,  
Wisconsin Tobacco Prevention and Control Program

Tobacco use is the leading cause of preventable death in Wisconsin, and claims over 7,000 lives in Wisconsin each year. Many tobacco users struggle with quitting even though they know the products are bad for their health – that’s how strong the addiction is. One thing most of these tobacco users have in common is that they started young. In fact, eight out of 10 adult tobacco users start before the age of 18. By preventing kids from starting before they reach 18 years of age, we greatly reduce their risk of tobacco addiction.

“We all can play a role in preventing the death and disease caused by tobacco,” said State of Wisconsin Health Officer Karen McKeown. “One of the best ways to reduce tobacco’s impact on Wisconsin is by keeping youth from starting in the first place – and a huge part of that effort begins at the checkout counter.”

## Wisconsin Wins

The statewide Wisconsin Wins program started in 2001 and works with community partners (including law enforcement and retailers) to prevent youth access to tobacco products and keep youth from ever starting. The program funds local public health departments and agencies across the state to conduct Wisconsin Wins activities like compliance checks and retailer education and recognition.

The program’s efforts are paying off. Tobacco sales to Wisconsin minors decreased from 33.7 percent in 2001 to around 8 percent today. However, there’s still work to be done. Some communities have higher rates of underage tobacco sales than others, and an abundance of candy-flavored tobacco products are now tempting kids in new ways. It will take all of us working together to keep underage tobacco sales – and youth tobacco use – at their current low rates.

## Wisconsin Tobacco Sales Law

Communities may establish local ordinances regulating tobacco retail licensing and sales to the extent permitted by Wisconsin state law. Wisconsin Stat. § 134.65 requires that retailers have a license to sell tobacco products (this does not include nicotine products such as e-cigarettes). Per the law, municipalities may set the license fee to a maximum of

\$100. Charging the maximum amount is a strategy some communities utilize to offset the cost of administering and enforcing tobacco sales law.

Meanwhile, Wis. Stat. § 134.66 stipulates that tobacco and nicotine products may only be sold to individuals 18 or older (age must be verified by checking ID) and signage must be displayed stating this law. It also states that all tobacco license holders are required to provide state-approved training to their employees on tobacco sales laws and how to avoid underage tobacco sales. Upon completing the training, licensed retailers are required to keep a copy of each employee’s training certificate in their personnel file.

## Free Retailer Training

Free training for tobacco retail employees is available at [www.WITobaccoCheck.org](http://www.WITobaccoCheck.org)



The site provides free tools – including study guides, a short quiz, and a downloadable certificate of completion. In addition to being free and easy to use, the site also gives store managers and owners the ability to set up their store account and monitor their employees’ training progress. To date, over 10,000 employees across Wisconsin have taken the online training.

### How You Can Help

Here are a few ways you can assist Wisconsin Wins in helping local businesses comply with the law and keeping kids tobacco-free:

- Familiarize yourself with Wisconsin tobacco licensing and sales laws (Wis. Stat. §§ 134.65 and § 134.66).
- Inform retailers of tobacco sales laws during the licensing application process by letting them know about the free training available through WITobaccoCheck.org
- Check in with local law enforcement to learn more about how they are supporting Wisconsin Wins compliance checks in the community.
- Ensure that your local municipal code is comprehensive and adopts Wisconsin statute language.
- Consider setting the tobacco retail license fee at the maximum of \$100 to offset the costs of administering and enforcing these laws.

### Healthier Kids, Healthier Communities

Working together, we can help our kids lead healthier, longer lives, and increase the overall health of Wisconsin communities. Communities can learn more about the Wisconsin Wins program at [www.wiwins.org](http://www.wiwins.org) and get familiar with the program's free online training at [www.WITobaccoCheck.org](http://www.WITobaccoCheck.org)

“Wisconsin Wins is a great program and we’ve worked hard to develop tools to help retailers avoid costly fines and keep tobacco out of kids’ hands,” continued McKeown. “We also know that the program is only as strong as our partnerships. We greatly appreciate the support of our Wisconsin communities, and the critical role they play in helping retailers know and follow the law. We all win every time tobacco isn’t sold to minors.”

About the author:

Nancy Michaud is the Youth Access Program Coordinator for the Wisconsin Tobacco Prevention and Control Program at the Wisconsin Department of Health Services. Working with local public health departments and health agencies, she administers the Wisconsin Wins tobacco compliance program. She is responsible for statewide leadership and direction in developing, implementing, and coordinating initiatives designed to monitor and reduce the incidence of illegal tobacco sales to underage youth. Contact Nancy at [Nancy.Michaud@wisconsin.gov](mailto:Nancy.Michaud@wisconsin.gov)



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# Wisconsin Healthy Communities Designation

The Wisconsin Healthy Communities Designation is a new initiative of the Mobilizing Action Toward Community Health (MATCH) Group at the University of Wisconsin Population Health Institute. The designation program, funded by the Wisconsin Partnership Program, is designed to celebrate health improvement efforts in communities around Wisconsin and give communities a concrete way to acknowledge the good work that they are doing. The program is also intended to serve as a guide for communities to expand and enhance their health improvement efforts.

**The overarching goals of the designation program are:**

- To recognize local communities’ efforts to improve health in multiple areas such as health behaviors, clinical care, social and economic factors, and physical environment.
- To encourage communities to conceptualize health improvement in this broad way by structuring their health improvement efforts accordingly.
- To promote cooperation between economic development and health improvement.

The Healthy Communities Designation is designed to be accessible to communities of all shapes and sizes, both rural and urban. The definition of community is broad and can include counties, municipalities, neighborhoods, and other self-defined, place-based communities in Wisconsin. Additionally, the program has a tiered designation approach (i.e., gold, silver, and bronze level designations) intended to allow for the acknowledgment of communities early on in their broad health improvement efforts, as well as of those communities with more advanced, comprehensive, and long-

lasting efforts. Based on the Robert Wood Johnson Foundation *Culture of Health Prize* criteria, communities must demonstrate that they are:

1. Defining health broadly
2. Committing to sustainable and comprehensive long-term solutions
3. Creating conditions that give everyone a fair and just opportunity to reach their best possible health
4. Harnessing the collective power of leaders, partners, and community members
5. Securing and making the most of available resources including dollars, people power, etc.
6. Measuring and sharing progress and results

The 2018 Healthy Communities Designation application cycle is currently underway, with plans to announce first-year designees in summer 2018. Visit [www.wihealthycommunities.org](http://www.wihealthycommunities.org) to learn more about the program. Information about the 2019 application process and timeline will be posted when available.

**About the author:**

Ann McCall, MSW, is the Communications and Project Manager, Mobilizing Action Toward Community Health (MATCH) Group, University of Wisconsin Population Health Institute. For more information, contact [wihealthycommunities@wisc.edu](mailto:wihealthycommunities@wisc.edu)

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# Municipal Regulation of “Click and Collect” Alcohol Sales<sup>1</sup>

Claire Silverman, Legal Counsel, League of Wisconsin Municipalities



“Click and Collect” describes a practice where consumers order online from a retailer’s website and then pick up their orders at a local store. The use of Click and Collect has become increasingly popular as retailers in competitive markets look for innovative ways to serve customers, and customers have become accustomed to the comfort and convenience of ordering online.

Notably, many grocery stores and other similar retailers have begun offering Click and Collect and, for a small fee or free with a minimum order, will assemble the grocery order and deliver it curbside when the customer arrives to pick it up. It’s not hard to imagine the convenience factor as being off the charts for, among others, persons with busy work schedules, persons with small children in tow, and those with limited mobility.

While Click and Collect sales do not typically require municipal oversight or approval, oversight and/or approval may be desirable and/or necessary when the online sale includes alcohol beverages and, in particular, when the sale involves curbside delivery. Recently, some retailers with alcohol licenses have sought municipal approval to expand the description of their premises to include designated parking stalls used for the Click and Collect deliveries. This is

necessary since state law requires the licensed premises to be “particularly described” and include all areas where alcohol is stored or sold.<sup>2</sup>

To amend described premises during the license year, the licensee must file a written request with the municipality. The governing body has discretion to approve or disapprove the change.<sup>3</sup> Municipalities can impose conditions in connection with allowing amendment of the premises but are limited in imposing conditions once the request to amend the premises description has been granted.<sup>4</sup>

This legal comment briefly summarizes state law requirements that come into play when Click and Collect involves the sale of alcohol beverages.

Wisconsin law requires the following for alcohol sales:

1. Face-to-face sales to consumers at the licensed premises.<sup>5</sup>
2. Purchaser must be of legal drinking age (21 or older).
3. Seller must be a licensed operator or under the immediate supervision of a licensed operator.
4. No sales can be made to intoxicated persons.

In order to satisfy the requirement that the sale be face-to-face and that it take place on the licensed premises, an online order for alcohol beverages should not be consummated when the order is placed but, rather, when the order is picked up by the customer with the customer signing the credit card or paying at the retailer’s licensed premises. If the customer is picking up curbside, those parking spaces must be included in the licensee’s described premises since that is where the sale is taking place.

The requirement that all persons selling alcohol possess an operator’s license or be under the immediate supervision of someone with an operator’s license effectively means that those delivering alcohol curbside should have an operator’s license. “Immediate supervision” has been interpreted to mean that the person supervising must be able to see those being supervised at all times.<sup>6</sup>

Municipalities that receive requests to amend premise descriptions to allow Click and Collect with curbside delivery of alcohol must decide whether such sales should be allowed and, if so, what conditions are appropriately imposed to ensure that any such sales are done lawfully.

► p.16

1. This article was inspired by a Nov. 7, 2017 memo on Click and Collect Alcohol Sales written by Julia Sherman at the Wisconsin Alcohol Policy Project.

2. Wis. Stat. §§ 125.25(3), 125.26(3), 125.28(3), 125.51(2)(c) and 125.51(3)(d).

3. *Alberti v. City of Whitewater*, 109 Wis.2d 592, 327 N.W.2d 150 (1982). See also Wis. Stat. sec. 125.04(3)(h).

4. *Wisconsin Dolls, LLC v. Town of Dell Prairie*, 2012 WI 76. The Wisconsin Alcohol Policy Project’s Nov. 7, 2017 memo on Click and Collect Alcohol Sales mentioned a variety of conditions that municipalities were considering or had adopted.

5. Wis. Stat. §§ 125.272 and 125.51(6).

6. OAG 9-10-62 (informal opinion).

Municipalities should review a retailer's policies for the Click and Collect operation before granting an expansion of the licensed premises and may want to include those policies as license conditions. Municipalities that want to allow Click and Collect alcohol sales may want to also adopt an ordinance governing such sales. A Wisconsin Alcohol Policy Project memo on Click and Collect<sup>7</sup> suggests that municipalities inquire about the following before granting an expansion of the licensed premises to allow Click and Collect alcohol sales:

- What hours will alcohol orders be allowed?
- How is an alcohol order assembled?
- Who assembles the entire order? Is an itemized tape prepared?
- When is the credit card charged for the order?
- Is the individual who delivers the order a licensed operator?
- What equipment is provided to staff (e.g., is ambient light sufficient or is a flashlight needed to read the Id, a scanner to record the credit card sale or ID)?

- Is the newly licensed area under video surveillance?
- When is the ID checked?
- Does the seller determine that the name on the order is the same name on the ID?

The memo notes that in addition to provisions relating to the above factors, some municipalities have adopted or considered the following provisions:

- A requirement that the system allow the purchase of alcohol to be denied without affecting the remainder of the purchase.
- Notification of police when an apparently underage person or intoxicated person attempts an alcohol purchase.
- Imposing a minimum waiting period between order time and pick-up time for alcohol and tobacco.
- Requiring that images of the transaction (purchaser, ID card, vehicle, license plate) be captured and retained for a minimum period of time.
- Prohibiting tasting events in the parking lot.

Although municipalities may differ regarding whether Click and Collect alcohol sales should be permitted, those municipalities that wish to allow it should take measures to ensure that such sales are in compliance with state law.

## Intoxicating Liquors 955

About the author:

Claire Silverman is Legal Counsel for the League. Her responsibilities include supervising the legal services provided by the League, answering questions of a general nature for officials and employees of member municipalities, writing legal articles for the League's magazine and amicus briefs in appellate cases involving issues of statewide concern to municipalities, organizing an annual institute for municipal attorneys, and educating local officials on a variety of topics pertaining to their duties. In addition, she coordinates legal material for the League's web page. Claire joined the League staff in 1992. Contact Claire at [cms@lwm-info.org](mailto:cms@lwm-info.org)

7. See footnote 1.

### Editor's Note:

If you are generally interested in municipal responsibility/authority for handling local health matters, please request the Legal Comment "Health 65," authored by Claire Silverman, League Legal Counsel, and published in the June 1999 *The Municipality*.



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## Health FAQ 1

### Are local governments subject to Occupational Safety and Health Administration (OSHA) regulations?

No, but local governments are subject to state regulations which are at least as stringent as OSHA regulations. Although OSHA governs the private sector and federal agencies in Wisconsin, OSHA does not have jurisdiction over the state or local governments because the definition of “employer” under the OSHA Act of 1970 specifically excludes states and any political subdivision of a state. Instead, the State of Wisconsin has jurisdiction and Wis. Stat. sec. 101.055(3)(a) requires that the Department of Safety and Professional Services adopt, by administrative rule, standards to protect the safety and health of public employees. These standards must provide protection at least equal to that provided to private sector employees under OSHA standards.

## Employees FAQ 14

### Does either the federal or Wisconsin Family and Medical Leave Acts apply to municipalities with less than 50 employees?

While it appears the answer is “no,” this is not immediately apparent from reading the federal law, and the state law is somewhat ambiguous on this matter. The federal Family Medical Leave Act (FMLA) applies to all local governments regardless of the number of employees employed. However, an employee is

eligible for leave under the federal FMLA only if he or she is employed at a worksite where 50 or more employees are employed by the municipality within 75 miles of that worksite. Therefore, municipalities with less than 50 employees need not grant leave to their employees under the federal FMLA.

In Employees 294, the League opined that the Wisconsin FMLA applies only to municipalities and other employers employing at least 50 individuals on a permanent basis based on the reasoning below.

### Application of the Wisconsin FMLA

The Wisconsin FMLA defines “employers” covered by the law as follows: “person[s] engaging in any activity, enterprise or business in this state employing at least 50 individuals on a permanent basis.” Wis. Stat. sec. 103.10(1)(c). Also, included in the definition of “employer” is “the state and any office, department, independent agency, authority, institution, association, society or other body in state government created or authorized to be created by the constitution or any law, including the legislature and the courts.” *Id.*

Nowhere in the definition of “employer” are cities, villages, or municipalities expressly referred to. The second part of the definition covers the state and any offices, agencies, and bodies in state government. A municipality is ordinarily not considered to be a state agency, office, or body. Typically, cities and villages are considered local units of government independent from the state. They are often described as political subdivisions of the state. Indeed, none of the many definitions of “state” or “state agency” sprinkled throughout the statutes include or refer to cities, villages, or municipalities. Likewise, none of the definitions of “municipality” within the statutes make reference to the state

or state agencies. Therefore, it is the League’s opinion that cities and villages do not fit under the second part of the definition of “employer.”

However, municipalities do appear to be covered by the first definition of “employer,” which refers to any “person” engaging in any activity, enterprise, or business in this state employing at least 50 individuals on a permanent basis. Under state law, the term “person” when used in the statutes includes “bodies politic or corporate.” Wis. Stat. sec. 990.01(26). The phrase “bodies politic or corporate,” according to Black’s Law Dictionary, is a reference to municipal corporations. Moreover, secs. 66.0215(6) and 66.02162(7) provide that an incorporated city or village is a “body corporate and politic.” The interpretation of the term “person” within the definition of “employer” as including municipal corporations is also supported by the administrative rules implementing the Wisconsin FMLA which defines the term “person” to include “bodies politic or corporate.” Wis. Adm. Code DWD 225.01(1)(j).

Based on the above, the League concluded that only municipalities employing at least 50 employees on a permanent basis are covered by the Wisconsin FMLA.

Local officials and staff in small municipalities need to bear in mind when calculating the number of employees employed by a municipality that the total must include the number of municipal utility and fire department employees, if any. In *Galster v. Black River Falls Police Department*, ERD Case No. 9100036 (May 21, 1992) the Equal Rights Division found that utility employees and individuals serving as volunteer firefighters and providing emergency medical services for the city’s fire department were city employees for purposes of determining whether

the Wisconsin FMLA applied to the city. The agency rejected the city’s argument that utility employees and fire department employees should be viewed as being employed by separate employers.

## Streets and Alleys FAQ 5

### Can a municipality require phone/electric companies to place utility lines in public rights of way underground?

Yes. Wisconsin Public Service Commission rules allow a municipality to require placement of transmission or distribution facilities (e.g., telephone lines and power lines) located in public rights of way underground without reimbursement of costs if there is an adequate health, safety, or public welfare justification for the requirement that is not based solely on aesthetics. PSC 130.03(1). However, a municipality can

still require underground placement of lines for aesthetic or other reasons if it will reimburse the utility for the difference in cost between the standard design or construction techniques of the utility and underground placement is consistent with safe and reliable utility construction practices. PSC 130.03(2).

## Intoxicating Liquors FAQ 17

### Can an alcohol beverage licensee allow a person to bring their own alcohol into a licensed premises for consumption or other use?

No. Such action is prohibited under Wisconsin’s alcohol beverage laws. Wis. Stat. sec 125.32(6)(a) provides:

**LIMITATIONS ON BEVERAGES ON WHOLESALE AND RETAIL PREMISES.** Except as provided in s. 125.33(2)(o) or 125.70, no person

may possess on the premises covered by a retail or wholesale fermented malt beverages license or permit any alcohol beverages not authorized for *sale* on the premises. [emphasis added].

The only alcohol beverages authorized for sale on a licensed premises are those purchased from a licensed wholesaler. See Wis. Stat. secs. 125.33(9) (fermented malt beverages) and 125.69(6) (intoxicating liquor). Accordingly, the only alcohol beverages that may be possessed in a bar, nightclub, restaurant, or other establishment covered by a retail or wholesale fermented malt beverage license is the alcohol that has been purchased by the licensee from a licensed wholesaler and “bring your own” is not allowed for beer or alcohol on such premises.

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## Legal Captions

### Intoxicating Liquors 955

Legal Comment addresses municipal ability to regulate “Click and Collect” sales involving alcohol beverages with curbside delivery and highlights opportunity for municipalities receiving requests to expand premise descriptions to include parking stalls to impose conditions in connection with the expansion.



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# In Honor of Women's History Month

Provided by the Wisconsin Women's Council

## Wisconsin Women Roared into Public Office in the 1920s

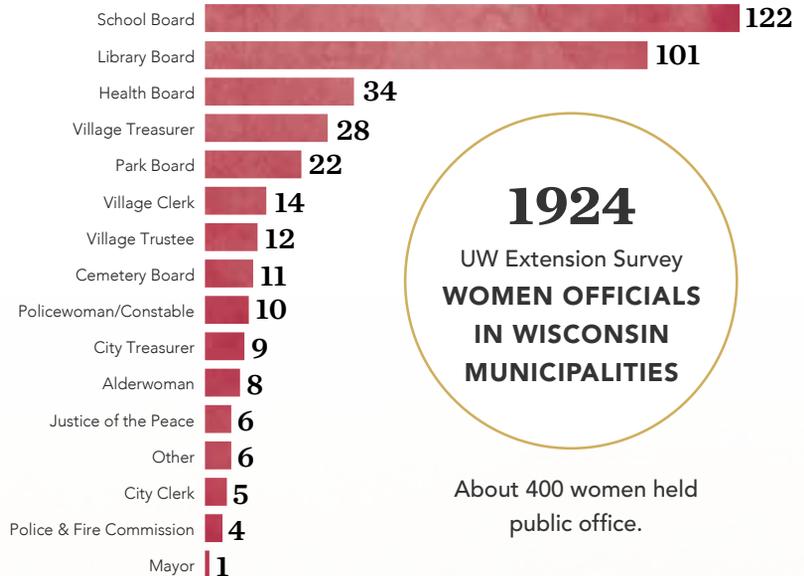


### THE ROARING '20s BROUGHT A NEW MODERN ERA FOR AMERICAN WOMEN AND SET WISCONSIN WOMEN ON A NEW PATH AS GOVERNMENT LEADERS.

The groundwork for this surge of women into public office began in 1875 when Wisconsin women were allowed to run for School Board and other elected School offices.

Then in 1919 the 19th Amendment gave women in the United States the vote.

The Wisconsin Legislature followed the lead and in 1921 passed the nation's first equal rights bill, granting women full equality with men under civil law., including holding public office.



## 1924

UW Extension Survey  
**WOMEN OFFICIALS  
IN WISCONSIN  
MUNICIPALITIES**

About 400 women held public office.

### WISCONSIN WOMEN'S POLITICAL FIRSTS

Wisconsin's first **Lady Mayor, Lulu Shaw** was elected in 1923 in Crandon.

*"The women have only begun. They make good campaigners – fully as good as men". Shaw led reforms for lower taxes, less moonshine and fought corruption.*



In 1923, **Ane M. Hanrahan**, Brown County, was the first woman elected to a County Board in Wisconsin.



In 1924, **Hanna C. Saunders**, Burnett County, was elected Wisconsin's first female Sheriff.

Mrs. Saunders replaced the outgoing sheriff, her husband Charles. "Her election assured that someone from her family would continue in the sheriff's position despite limits on successive terms. Her run was based on a common division of labor in sheriff's offices, where wives assisted their husbands with the non-policing aspects of the position."



And in 1925 three women, **Mildred Barber, Helen Brooks and Helen Thompson**, became the first women elected to the Wisconsin State Assembly.



## Women in Local Government in 1924

**ALDERWOMEN** Libbie Hyde, Clintonville • Emma H. Manning, Janesville • Anna Lathrop, Marshfield  
Mrs. C.F. Peterson, Mellen • Mary Bieberstein, Phillips • Mrs. V.M. Russell, Platteville • Elsie B. McFarlane, Waukesha  
Helen Ohm, Wausau • Matilda Fowler, Whitewater **CITY CLERKS** Margaret Riley, Ladysmith  
Addie Lynch, Port Washington • Anna Moe, Rhinelander • Ethel Sowle, Tomah • Mabel Henika, West Allis  
**CITY TREASURERS** Louise Green, Broadhead • Alice Olsen, Elkhorn • Carrie Maurer, Kiel • Grace Reik,  
Ladysmith • Susie Erdman, Park Falls • Mrs. Wm. Carroll, Prairie du Chien • Mrs. Neta Sansburn, River Falls  
Mrs. L.A. McDonald, Sturgeon Bay • Louise Krueger, Tomahawk **MAYORS** Lulu Shaw, Crandon  
**VILLAGE TREASURERS** Myrtle Conway, Albany • Mrs. Nett Wade, Balsam Lake • Mrs. F. Hillman, Bell Center  
Mabel Jackson, Blanchardville • Francis Moreland, Blue Mounds • Katherine Pease, Clinton • Viola Giebel, Curtiss  
Miss E. Schneider, Dousman • Mary Ketter, Fenwood • Mrs. H.E. Cannteson, Galesville • Esther Birkett, Hazel Green  
Mrs. Bernie Ward, Hollandale • Ella Taylor, Marshall • Mrs. J.C. Mason, Montfort • Fannie Benkert, Monticello  
Mrs. Clarence Gesme, Mount Horeb • Mrs. Ben Brown, Oliver • Ada Seamon, Palmyra • Ann Murphy, Pewaukee  
Elise Armstrong, Pound • Mrs. Thos. Lewis, Ridgeway • Mrs. Belle Kline, Sharon • Theresa Neururer, Union Center  
Stella Moe, Union Grove • Jessie Davidson, Verona • Etta Cooper, West Salem • Mary Jones, Wild Rose  
Martha Parmenter, Wyocena **VILLAGE TRUSTEES** Cora Turner, Amherst • Lillian Eberhart, Camp Douglas  
Inez Singleton, Camp Douglas • Lucile Peterman, Curtiss • Miss Frances Fitzmorris, Eagle • Ruby Radcliffe, Eagle River  
Ruby Edwards, Oakfield • Nellie Dwyer, Pound • Mary Moore, Trempealeau • Mrs. Geo. Haire, Weyauwega  
Mrs. S.C. Cushman, Wyocena • Mrs. R. Prosser, Turtle Lake **VILLAGE CLERKS** Alice Meyers, Abbotsford  
Mrs. Luella Hayes, Boyceville • Ada Quinn, Cable • Marion Gwin, Curtiss • Tina Watson, Genoa Junction  
Agnes Christianson, Grantsburg • Cynthia Beebe, McMillan • Mrs. Katherine Fullmer, North Freedom  
Mrs. Ella Staples, Osceola • Mrs. Jos. Taylor, Redgranite • Beth Nuoffer, Wales

### NOTES ABOUT THIS SURVEY

The 1924 UW Extension report includes both principal elected offices such as mayor, alderwoman, trustee, city clerk and treasurer, as well as other offices that are often filled by appointment such as police and fire commission, parks board, health board, etc. The report does not identify whether an office is elected or appointed.

#### SOURCES

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"Car Full of Suffragists" Members of the Political Equality League, Milwaukee, WHS-7679, Wisconsin Historical Society, Photo Archives, [www.wisconsinhistory.org](http://www.wisconsinhistory.org). Reprinted by permission.

Disclaimer. The information and sequence of events is indicative only and not exhaustive. This information has been gathered from a variety of sources. It is not warranted that the information contained in this report of in every respect accurate or complete.

These trailblazing women paved the way for many more to follow in their footsteps throughout the remainder of the 20th Century. For more information about the status of wisconsin women in public office visit [womenscouncil.wi.gov](http://womenscouncil.wi.gov).



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# Commercial Building Plan Review for Municipalities

Ed Lisinski, PE, Director Building Inspection & Neighborhood Services, City of West Allis

Across the state, developers and contractors want to get their commercial building started as quickly as possible. The quicker they can get started and complete the building, the quicker municipalities can reap the benefits of that new development in their community. One great tool that municipalities can utilize is to become certified to perform plan reviews as a delegated agent of the State. However, many communities do not use it because they either don't understand what it means for them, don't understand the process, or both. This article will attempt to walk you through the basics of the process, the requirements for each municipality, and the benefits so you can decide whether this is right for your municipality.

First, let's start with the benefits, so you can see if this is something your municipality would even be interested in doing. Plan reviews are the backbone of the building permitting process. This is where codes and regulations get checked to make sure they are followed. This is probably one of the biggest services any municipality can offer a builder or developer. The plan review stage is when issues or potential problems get discovered before construction starts...which means they are much cheaper to fix. If a problem is discovered in the field once construction begins, it not only means that work and materials may have to be removed and replaced, but there could be countless hours where the construction crews have to stop while waiting to get the issue resolved. On a large construction site, this could easily be thousands of dollars in lost revenue and materials, not to mention the delays in construction. A good, quality plan review can save a project thousands of dollars and months of delays. But, you can also get a good, quality plan review from the State of Wisconsin Department of Safety and Professional Services (DSPS), so why would a municipality want to take on these reviews? The three major reasons are time, money, and familiarity with the buildings in your municipality.

## Local Saves Time

As an example, let's say that a big box retailer in your community wants to add a coffee shop in the front of the store near the entrance. The extent of the remodeling consists of a sales counter, some coffee brewing equipment, a small back room for storage, and new finishes and decorations. According



*Performing your own commercial plan reviews can save your business owners and developers time, can generate revenue to cover the costs to your municipality, and can make the process smoother for everyone.*

to SPS 361.30, plans are required to be submitted for this type of project. The code reads that the plans shall be reviewed by either DSPS or their agent, prior to any building permits being issued by the municipality. In order for an architect to request a plan review through DSPS, they need to schedule an appointment, which is typically anywhere from 2 to 3 weeks in the future, depending on the complexity of the project and the workload of DSPS staff at the time. To be fair to all submitters, DSPS schedules plans to the next available opening at the back of the line. No priority is given to easy projects that could be done quickly, or more large-scale projects which will bring in more revenue and tax dollars to your community. However, a municipality who is delegated as a certified agent for DSPS would have that flexibility in scheduling their own plan reviews. Not only could you prioritize this plan to get it reviewed right away, you also don't have to wait for the DSPS approved plans to get passed around to you...the plans are already in your hands when they are approved, saving even more time.

## Local Generates Plan Review Fees to Cover Costs

Another benefit of performing your own plan reviews is additional revenue in the form of plan review fees. A certified municipality can set their own fee schedule or use the same one DSPS uses, but either way, that is more revenue coming to your municipality for every project. One thing to keep in mind,

is that per SPS 302.31, certified municipalities who perform plan reviews as an agent for DSPS are required to pay a fee to the state for each plan review performed. But that fee is a small percentage of the fees collected for most plan reviews.

### Local Familiarity

The final major benefit is your own familiarity with your buildings. When DSPS reviews a plan, they can only review the information that is presented to them. They do not have the benefit of all of the history of the building like the local municipality does, so they rely on the architect to present them with a full picture of the building. There may be building elements that an architect may not be aware of when drafting new plans, such as work done without permits, fire rated assemblies, construction materials or methods, location of property lines, and/or previously approved variances to the code. I have seen many times where DSPS would approve a set of plans based on the information given to them, which I knew to be incorrect based on my knowledge of that particular building. This is not DSPS's fault...their review can only be as good as the research and diligence of the architect who submitted them. And while 95 percent of architects are very good at what they do, there are some out there who may not do as much research into a building as they could, or rely on out-of-date records from the owner of a building. The local building inspector knows their buildings and knows the key life safety elements of them better than anyone.

### Becoming Certified

So now that you have decided that you want to save your developer weeks of time in starting the project, that the costs are recovered through fees, and that you realize that your building inspector knows the buildings very well and can catch potential issues before they start, you may be asking yourself how to go about becoming a certified municipality. Like any good code official, you would want to start with the code language itself, which can be found in SPS 361.60. To get started, DSPS will need several pieces of information about your municipality. You will need to employ certified commercial building inspectors to perform the plan reviews, adopt the state commercial building code, provide a copy of your building code ordinances, and provide any other information they request. Once you have done that, you need to notify DSPS at least 30 days prior to when you'd like to get started, and then just wait for them to review your request and give you approval. It's just that easy. That approval allows your municipality to perform plan reviews of new buildings up to 50,000 cubic feet (if you figure a 10' high ceiling height, that is a 5,000 square foot building...about the size

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of a typical stand-alone fast food restaurant), some small additions, or an alteration of a space that is 100,000 cubic feet or less. If you would like to perform plan reviews for projects that exceed those limits, you have two options. First, any municipality can request that they be granted a special designation to perform plan reviews beyond the limits above. In addition to the information already provided, your request must also include what expanded duties you would like to perform, and what special qualifications your municipality has that would justify the expanded plan review duties. Also, a second class city may perform plan reviews for any sized building in their city (other than state-owned buildings) if they employ a licensed architect or professional engineer who is also a commercial building inspector and either performs or directly supervises the plan reviews. In either of these situations, DSPS will review the request for expanded plan review duties and make a determination to allow or not allow the expanded plan review duties.

Once you get approved to perform plan reviews as a certified municipality for the state, there is some record keeping items to keep track of. Also keep in mind that a designer would still have the option to send their plans to DSPS for review, as well as the municipality...if something comes in that you are not comfortable reviewing, you can always have the designer go to DSPS for a review. DSPS will perform occasional audits of all certified municipalities in the state to ensure consistency with their standards, rules, and best practices. These audits are not designed to punish or penalize municipalities performing commercial plan reviews. It is a means to gather and share information with each other and to make sure a plan review you get in West Allis or any other community is the same as the one you would get from DSPS staff. DSPS also conducts special training for certified municipalities to help them understand the expectations DSPS has for them as appointed agents. There are also similar paths and requirements to perform commercial plan reviews for plumbing and fire sprinkler systems and alarms to make your municipality even more of a one-stop shop. You can reach out to DSPS (specifically for plan review and municipal delegations, go to <https://dps.wi.gov/Pages/Programs/PlanReview/Default.aspx>) or the Wisconsin Code Officials Alliance ([www.WCOA.org](http://www.WCOA.org)) if you have any questions about the application, process, audits, or the program in general.

Performing plan reviews as an agent for the State of Wisconsin is a great way for a municipality to gain an advantage over a neighboring community. Developers want to build in municipalities where the path to getting started is faster. Businesses want to expand and grow in municipalities where

they feel that the local leaders will use every tool available to help them out. Quality architects and contractors prefer to work in municipalities where they have confidence that once they get approval to start on a project, there will be very few issues or problems. All of this can be accomplished by your municipality becoming a certified municipality.

### About the author:

Ed Lisinski is the Director of the Department of Building Inspection and Neighborhood Services for the City of West Allis and the President of the Wisconsin Code Officials Alliance (WCOA). He is a Professional Engineer and serves on the Governing Committee for the International Code Council's (ICC) Building Officials Membership Council among many other committees and councils. He enjoys baseball and spending time outdoors throughout Wisconsin. Contact Ed at [elisinski@westalliswi.gov](mailto:elisinski@westalliswi.gov)

**Register for the League's Building Inspectors Institute on page 27.**

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2018 Building Inspectors Institute

April 18-20, 2018

Mail: League of Wisconsin Municipalities 131 West Wilson Street, Suite 505 Madison, WI 53703

Online Registration: www.lwm-info.org FAX: 608-267-0645

Registration Deadline: April 11, 2018

Name \_\_\_\_\_ Title \_\_\_\_\_

Municipality or Company \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ email \_\_\_\_\_

Do you need amended arrangements to accommodate a disability or dietary need?  No.  Yes. We will contact you to make the arrangements.

WORKSHOP CHOICES: Choose one from each set of concurrent sessions; additional information about each session is supplied on the AGENDA at www.lwm-info.org on the Building Inspectors Institute page.

Table with 3 columns of workshop choices, each with a checkbox and session title (e.g., 1 Legislative Update, 2 Exterior Code Refresher, etc.)

GUEST, RECEPTION, BANQUET AND SPECIAL NEED RESPONSES:

Are you bringing a guest?  No.  Yes.\*\* Guest's name \_\_\_\_\_
Attending Wednesday's reception?  I will attend.  My guest and I will attend.  Can't make it.
Attending Thursday's banquet?  I will attend.  My guest and I will attend.  Can't make it.

WBIA Region if applicable: Northwest \_\_\_\_\_ Northeast \_\_\_\_\_ Southwest \_\_\_\_\_ Southeast \_\_\_\_\_

REGISTRATION FEES:

Tuition for Members\*\*\*  \$190 Tuition for Non-Members\*\*\*  \$215 Guest Fee\*\*  \$40 TOTAL \$ \_\_\_\_\_

On-line registration is encouraged at www.lwm-info.org. Paper registrations must be accompanied by payment.

I am paying by CHECK. (Make check payable to League of Wisconsin Municipalities)
 I am paying by Credit Card  Visa  MasterCard
Card Number \_\_\_\_\_
Expiration Date \_\_\_\_\_ Security Code (back of card) \_\_\_\_\_
Signature \_\_\_\_\_

CONFERENCE HOTEL INFORMATION:

Make reservations directly with Blue Harbor Resort at 866-701-2583. Use Block ID Code 7AR1F3
Room charge: \$82 Single/\$109 Double Reserve no later than March 27, 2018
Please identify yourself as attending the League of Wisconsin Municipalities Building Inspectors Institute to obtain this rate. Room charges are subject to a 13% local and state taxes; a letter/certificate of exemption must be presented if the charge should be tax exempt. 72-hour advance cancellation policy, with a \$25 cancellation fee.

THE FINE PRINT:

\*Workshops 13 & 16 are a 2-part off-site tour to Richo Structures. Closed-toe shoes and a hard hat are required for the tour.
\*\*The \$40 guest fee covers guest attendance at Wednesday's reception and Thursday's banquet. There is no formal guest program this year, but we will have local site and dining suggestions at the registration table.
\*\*\*Only staff members and officials from cities and villages that are currently members of the League of Wisconsin Municipalities may register as members.
Registration fees, minus a \$10 processing fee, are refundable if the League is notified of cancellations by close of business on April 11, 2018. No refunds can be issued for cancellations received after close of business on April 11, 2018.



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# 2018 Local Government 101 Registration Form

Brookfield—May 4

Madison—June 1

Eau Claire—May 11

Appleton—June 8

Stevens Point—September 28

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*Registration must be received at least 5 business days before the workshop date.*

## Local Government 101 Agenda

8:30 a.m.  
**Registration**

9:00 a.m.  
**Welcome**

Jerry Deschane, Executive Director or  
Gail Sumi, Member Engagement Director,  
League of Wisconsin  
Municipalities

**Organization & Powers  
of Cities and Villages**

Claire Silverman, Legal Counsel,  
or Daniel Olson, Assistant Legal Counsel,  
League of Wisconsin  
Municipalities

**Recognizing and Avoiding  
Conflicts of Interest**

Claire Silverman, Legal Counsel, or  
Daniel Olson, Assistant Legal Counsel,  
League of Wisconsin  
Municipalities

10:45 a.m.  
**Break**

11:00 a.m.  
**Budgeting & Financial  
Oversight**

Staff from Ehlers

12:15 p.m.  
**Lunch** (included)

1:00 p.m.  
**Procedures for Local  
Government Meetings**

Dan Hill, Retired Local Government  
Specialist

2:15 p.m.  
**Break**

2:30 p.m.  
**Managing Public Works  
Activities**

Ben Jordan, Transportation  
Information Center, Department of  
Engineering Professional  
Development, UW-Madison

3:45 p.m.  
**Adjourn**

### Choose a location/date:

- Brookfield: Embassy Suites Milwaukee/Brookfield, May 4
- Eau Claire: The Lismore, May 11
- Madison: The Holiday Inn Madison at the American Center, June 1
- Appleton: Radisson Paper Valley, June 8
- Stevens Point: Holiday Inn Hotel & Conference Center, September 28

### Registrant's Name (please print)

### Position

_____	_____
_____	_____
_____	_____

### Contact Person (for questions regarding this registration)

### Street Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality/Company \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

- Please check this box if you need accommodations regarding a disability or dietary restriction. We will contact you to make the necessary arrangements.

### Registration Fee: \$85 (member) or \$110 (non-member) per person

Registration deadline for each workshop is five business days prior to that event. Sorry, we cannot accept registrations by phone.

- I am paying by CHECK (*made payable to League of Wisconsin Municipalities*)
- I am paying by Credit Card     Visa     MasterCard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

### THE FINE PRINT:

*Only staff members and officials from cities and villages that are currently members of the League of Wisconsin Municipalities may register as members. Registration fees, minus a \$10 processing fee, are refundable if cancellation notice is given five or more business days before the workshop date*

### HOTEL INFORMATION:

Local Government 101 is designed to be a one-day workshop. However, a small block of rooms has been reserved for over-night reservations. Please call the hotel directly, and reference the League of Wisconsin Municipalities to receive the block rate. (See the PDF of complete hotel information at [www.lwm-info.org](http://www.lwm-info.org) on the Local Government 101 page.)

Online Registration: [www.lwm-info.org](http://www.lwm-info.org)

FAX: 608-267-0645

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and Grant Assistance
- Construction Services
- Design/Build
- Public/Private Partnerships

## 2018 League Workshops, Institutes, and Conferences

EVENT	DATES	LOCATION	LODGING	REGISTRATION FEE
Building Inspectors Institute*	April 18-20	Sheboygan	Blue Harbor Resort 866-701-2583 ID: 7ARIF3 \$82 Single/\$109 Double	\$190 Member \$215 Non-Member
Local Government 101*	May 4	Brookfield	Embassy Suites Milwaukee/Brookfield	\$85 Member
Local Government 101*	May 11	Eau Claire	The Lismore Hotel	\$85 Member
Local Government 101*	June 1	Madison	Holiday Inn at American Parkway	\$85 Member
Local Government 101*	June 8	Appleton	Radisson Paper Valley	\$85 Member
Clerks, Treasurers & Finance Officers	June 13-15	Wisconsin Dells	Chula Vista 855-898-4895 Booking ID E67298 \$82/Single; \$109 Double	\$120 Member \$145 Non-Member
Municipal Attorneys Institute	June 20-22	Wisconsin Dells	Chula Vista 855-421-1542 Booking ID E05896 \$149 Single/Double	\$295 Member \$320 Non-Member
Chief Executives Workshop	August 16-17	Wisconsin Dells	Chula Vista 866-991-7986 Booking ID F74422 \$82 Single/\$149 Double	\$185 Member \$215 Non-Member
Municipal Assessors Institute	September 11-14	Green Bay	Tundra Lodge 877-886-3725 ID: League of WI Municipalities \$82 Single/Double	\$185 Member \$215 Non-Member
Plumbing Inspectors Institute	September 19-21	Stevens Point	Holiday Inn & Convention Center (715) 344-0200 ID: WI Plumbing Inspectors Institute \$82 Single/\$109 Double	\$150 Member \$175 Non-Member
<b>NEW!</b> Local Government 101	September 28	Stevens Point	Holiday Inn & Convention Center	\$85 Member
120th Annual Conference and Engineering & Public Works Institute	October 24-26	Wisconsin Dells	Kalahari Resort 877-253-5466 ID: League of WI Municipalities 2018 \$115 Single/Double**	\$250 Member \$265 Non-Member
Police & Fire Commission Workshop	November (TBD)	Wisconsin Dells	TBD	\$125 Member \$150 Non-Member

**\*Register online now @ [www.lwm-info.org](http://www.lwm-info.org)**

This form is intended for planning purposes. Information presented is accurate as of 2/05/2018.

\*\*Room block available June 1, 2018.

## TRANSITIONS

**CHIEF OF POLICE**  
**Rhinelander**  
Llyod J. Gauthier, Jr.

**TRUSTEE**  
**Elmwood Park**  
Kenneth Hinkle

**TRUSTEE**  
**Gilman**  
Bob Mechelke

**VILLAGE PRESIDENT**  
**Randolph**  
Ken Ireland

## IN MEMORIAM



**Randolph.** James Minno Boomsma, Village President, passed away in early February. He served the community as a village trustee for several years before being elected Randolph village president in 2013. Jim will be missed.

## LISTENING SESSIONS



*Three dozen local officials from northeast Wisconsin gathered in Oconto on January 31 to talk about how they've been coping with levy limits. The League is convening three listening sessions on this topic as members tell us they are running out of creative ways to provide essential services with limited resources.*

Please send changes, corrections, or additions to Robin Powers at [rpowers@lwm-info.org](mailto:rpowers@lwm-info.org), fax (608) 267-0645 or mail to the League at 131 West Wilson Street, Suite 505, Madison, WI 53703



## The League's Local Government 101

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- Powers of City Councils and Village Boards
- Recognizing and Avoiding Conflicts of Interest
- Budgeting & Financial Oversight
- Procedures for Local Government Meetings
- Managing Public Works Activities

**More details on page 31. Save the Date and Join Us.**

May 4, Brookfield • May 11, Eau Claire • June 1, Madison • June 8, Appleton • **September 28, Stevens Point**

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