

ZONING PERMIT APPLICATION

Grant County Conservation, Sanitation & Zoning Dept. 150 W Alona Ln, Lancaster WI 53813 608-723-6080
THIS PERMIT WILL EXPIRE ONE YEAR FROM THE DATE ISSUE

Property Owner: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Property Address if different: _____

Parcel ID: _____ Township: _____

Acres: _____ Legal Description: Sec _____ T _____ N R _____ W _____ 1/4 _____ 1/4

DESCRIBE YOUR BUILDING PROJECT

Type of Structure(s): _____ Intended Use(s): _____

Living Quarters: Yes No Number of Bedrooms: _____ Area Sq. Ft: _____ Number of Floors Above Grade: _____

Structure Height: _____ Length: _____ Width: _____

Plumbing: Will any of the structure(s) have internal plumbing Yes No If yes, enter sanitary permit number _____

Will you be creating a new driveway? YES NO If yes, contact town chairperson to obtain a driveway permit

Will you need a Fire Number? YES NO If yes, identify the name and phone numbers of the utilities serving this property

Electric Company: _____ Phone Number: _____

Private Sewer/Well YES NO Sewer & Water Utility: _____ Phone Number: _____

Private Security Company: _____ Phone Number: _____

Contractor Info:

Builder Name: _____ Phone Number: _____

Proposed Setbacks:

Center Line of Road: _____ Front Property Line: _____ Rear Yard Property Line: _____ Side Yard 1: _____ Side Yard 2: _____

FEE SCHEDULE: is based upon the estimated value of the proposed construction/improvement to the property with a cost of \$1.00 per \$1,000.00 of estimated value. For projects \$300,000 or greater, increase to \$2/\$1000 estimated cost. Minimum of \$100.00
(Example: If the construction cost \$204,000 the permit fee is \$204.00. If construction costs \$304,000 permit fee is \$608.00)

ESTIMATED VALUE OF WORK/IMPROVEMENT: \$ _____ FEE ENCLOSED: \$ _____

I/WE, THE UNDERSIGNED, ACKNOWLEDGE I/WE ARE THE OWNER(S) OF THE PROPERTY, AND ARE APPLYING FOR A ZONING PERMIT TO THE GRANT COUNTY CONSERVATION, SANITATION & ZONING DEPT. FOR THE PROPOSED WORK DESCRIBED AND LOCATED ON THE PROPERTY DESCRIBED HEREIN. I/WE, THE UNDERSIGNED, ACKNOWLEDGE THAT BY MAKING THIS APPLICATION WE ARE RESPONSIBLE FOR ALL WORK/IMPROVEMENTS (DESCRIBED IN THIS APPLICATION & PLOT PLAN) TO BE DONE IN ACCORDANCE WITH THE REQUIREMENTS OF THE GRANT COUNTY COMPREHENSIVE ZONING ORDINANCE, APPLICABLE TOWNSHIP AND COUNTY ORDINANCES AND THE LAWS OF THE STATE OF WISCONSIN. I/WE, THE UNDERSIGNED, ACKNOWLEDGE TO BE RESPONSIBLE FOR CONTACTING THE GRANT COUNTY CONSERVATION, SANITATION & ZONING DEPT. FOR EACH REQUIRED INSPECTION AS DIRECTED BY THE ZONING ADMINISTRATOR OR ZONING TECHNICIAN. PROPERTY OWNER(S) SIGNATURE GRANTS CONSENT FOR CSZD STAFF TO ENTER UPON APPLICANT'S PROPERTY PURSUANT TO THE GRANT COUNTY COMPREHENSIVE ZONING ORDINANCE AND ACKNOWLEDGEMENT OF ABOVE INFORMATION.

ACCORDING TO 2009 WISCONSIN ACT 373, NO PERMIT MAY BE ISSUED UNTIL THE PROPERTY OWNER SIGNS THE STATEMENT BELOW ACKNOWLEDGING THAT THEY HAVE RECEIVED THE FOLLOWING NOTICE:

YOU ARE RESPONSIBLE FOR COMPLYING WITH STATE AND FEDERAL LAWS CONCERNING CONSTRUCTION NEAR OR ON WETLANDS, LAKES, AND STREAMS. WETLANDS THAT ARE NOT ASSOCIATED WITH OPEN WATER CAN BE DIFFICULT TO IDENTIFY. FAILURE TO COMPLY MAY RESULT IN REMOVAL OR MODIFICATION OF CONSTRUCTION THAT VIOLATES THE LAW OR OTHER PENALTIES OR COSTS. FOR MORE INFORMATION, VISIT THE DEPARTMENT OF NATURAL RESOURCES WETLANDS IDENTIFICATION WEB PAGE at <http://dnr.wi.gov/topic/Wetlands/identification.html> OR CONTACT THE DEPARTMENT OF NATURAL RESOURCES SERVICE CENTER.

FAILURE TO COMPLY WITH THESE REQUIREMENTS IS A VIOLATION OF THE GRANT COUNTY COMPREHENSIVE ZONING ORDINANCE. BY SIGNING THIS, I ACKNOWLEDGE I HAVE RECEIVED THIS NOTICE.

Owner(s) Signature: _____ Date: _____

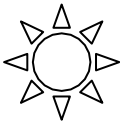
Print Name: _____

PARCEL SKETCH/PLAN ATTACHMENT (SEE NEXT PAGE FOR EXAMPLE)

Parcel Sketch **MUST INCLUDE** the distances in feet from all property lines, road or highway center line, septic tank, drain field, well, and also show the driveway coming off of the public road to the improvements:

- Structure/improvement being applied for in this application, include all decks, patios and retaining walls
 - Existing structures (label) on your property
 - Please call the CSZD for Road and Property line setbacks
- Indicate approximate North direction by filling in the triangle

Rear Lot Line

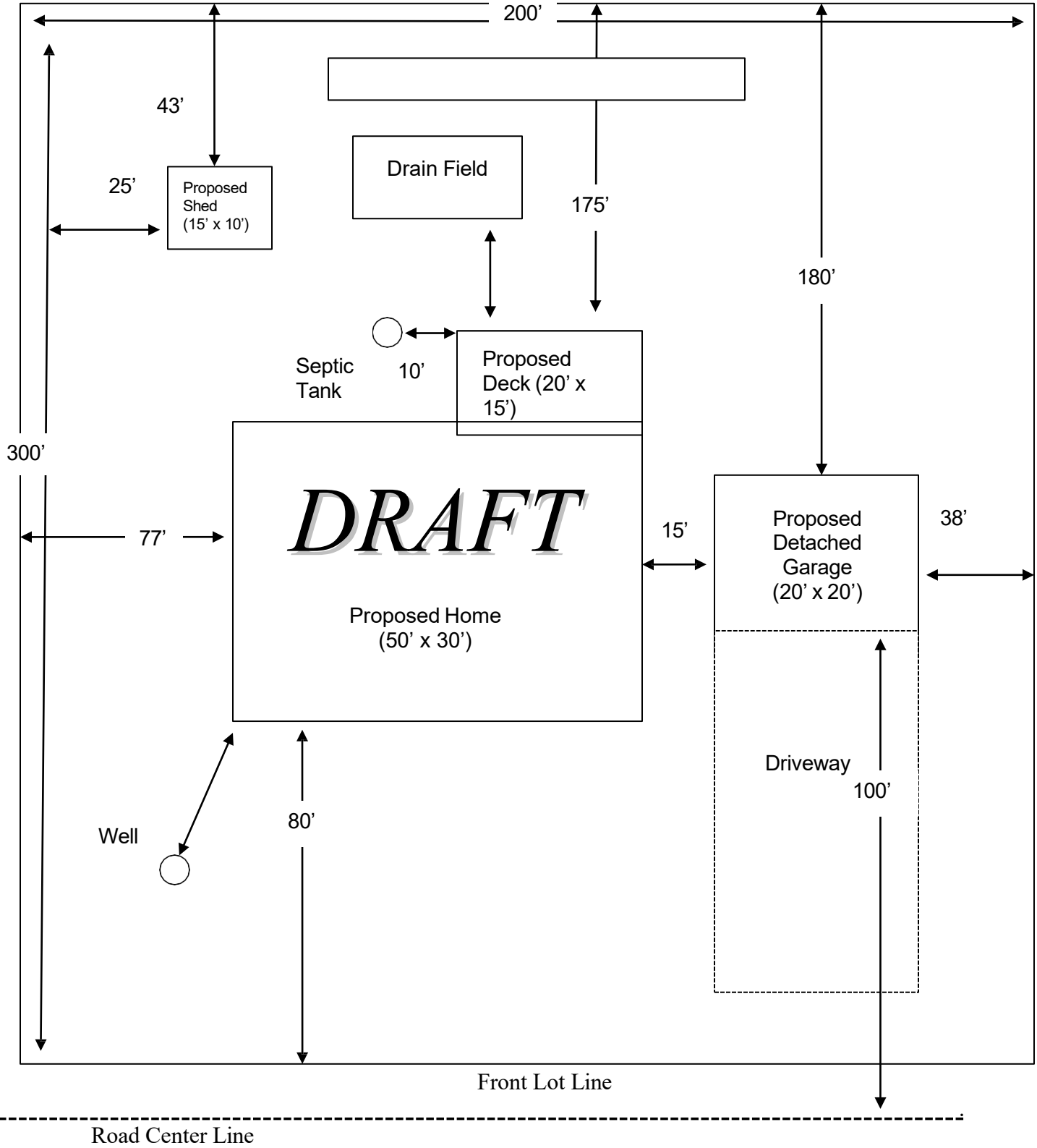


Front Lot Line

Road Center Line

EXAMPLE PARCEL SKETCH

Rear Lot Line



OFFICE USE ONLY		
Zoning District: _____		
Minimum Setback Requirements: Side Yard _____ Ft., Rear Yard _____ Ft., Front Yard _____ Ft., Center of Street/Road _____ Ft.		
Shore-land/Wetland Protection Ordinance Zoning District: _____ FIRM/Flood Study: _____		
Reviewed by:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

Reviewed by: ☐ Approved ☐ Denied Date _____

Town Notified ☐

[illegible]