

Application for a Zoning Permit

Date: _____

Application #: _____

The undersigned applies for a zoning permit to do work herein described and located as shown on the plot plan. The undersigned agrees that all work will be done in accordance with the Zoning Ordinance and all other ordinances of the County of Buffalo and all laws of the State of Wisconsin, applicable to said premises and with the information herein:

Owner: _____ or Agent: _____

Address: _____ or Address: _____

Phone: _____

Signature: _____ Signature: _____
(owner) (agent)

Email address for primary contact person: _____

Do you wish to receive email correspondence regarding this application? _____ Receive zoning permit via email? _____

Legal Description: (May be found on your real estate tax statement):

_____ 1/4, _____ 1/4, Section _____, Twnshp. _____ N., Rng _____ W., Town of _____

Located on: State Rd _____, County Rd _____, Town Rd _____

Lot: _____ Block: _____ Subdivision: _____ Zoning District _____

Parcel ID: _____ Parcel/Lot Size _____ Acres, Is parcel being split or subdivided? _____

Proposed Project and Use: _____

Project Dimensions _____ feet long, _____ feet wide, _____ feet in height

Constructed on site? _____ Existing use of land/structure _____

Will project result in an increase in number of bedrooms (If for a dwelling) _____

Setbacks for structure: If any distances are greater than 150', indicate as >150'

Highway Right of Way: _____ ft	Highway Centerline: _____ ft
Front lot line: _____ ft	Rear lot line: _____ ft
Side lot line (left): _____ ft	Side lot line (right) _____ ft
Septic tank: _____ ft	Drainfield: _____ ft
River: _____ ft	Stream: _____ ft
Lake: _____ ft	Wetland: _____ ft
Airport: _____ ft	Wind/Cell facility: _____ ft

Work Consists of (Check appropriate Space)

_____ New Building	_____ Addition	_____ Modification
_____ Relocation of Building	_____ Substantial Land Alteration	_____ Sign

Estimated Cost \$ _____

On the space below, sketch the location of the proposed structure or addition, and distance to: other existing buildings, highways, lot lines, bodies of water, existing or proposed wells and septic systems. Please use accurate dimensions for all existing buildings as well as proposed new construction. Failure to fully complete the application or plot plan will result in a delay in processing your application. If you have questions, please contact us at (608) 685-6218 or 685-6217. Thank you.

Fees (\$100-habitable or principle structures, single and multiple-family dwellings, mobile homes; \$50-accessory structures, other zoning permits, etc): (Please send separate checks for each application). Make checks payable to Buffalo County Treasurer and return completed application to:

Buffalo County Zoning
PO Box 492
Alma, WI 54610-0492

FIRE NUMBER AT SITE: _____ Applied for? _____

N

Office Use Only:

Use District: _____ Use: Conditional _____, Permitted _____, Variance required: Y N

Soils District: _____, Shoreland: _____, Wetlands: _____, Floodplain: _____

Sign Type: _____ Sq ft: _____, Driveway permit needed: Y N, Address # needed: Y N

Sanitary permit issued: Y N, Results in an increase in wastewater load?: Y N

Storage Lagoon Setback, Hydraulic Shadow, Communications Tower, Wind Facility, Airport setbacks met? _____

Approved: Y N (Hand Delivered _____; Mailed _____; Emailed _____)

Zoning Administrator: _____ or Designee: _____
(signature) (signature)