

**Grant County Conservation, Sanitation & Zoning Dept.
150 W Alona Ln, Lancaster WI 53813
608-723-6377 ext 4**

**ZONING PERMIT APPLICATION
(Please check your current zoning prior to starting any project)**

THIS PERMIT WILL EXPIRE ONE YEAR FROM THE DATE ISSUED

I/We the undersign acknowledge 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 undersign 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 and all other applicable township and county ordinances and the laws of the State of Wisconsin. I/We the undersign acknowledge to be responsible for contacting the Grant County Conservation, Sanitation & Zoning Dept. for each required inspections as directed by the Zoning Administrator or Zoning Technician.

Failure to comply with these requirements is a violation of the Grant County Comprehensive Zoning Ordinance.

Property Owner(s) Name: _____ Phone #: _____

Mailing Address: _____

Property Address if different: _____

DESCRIBE WORK TO BE DONE

Type of structure(s): _____

HOUSE Number of Bedrooms: _____ Number of Stories: _____ Height: _____ Length: _____ Width: _____ Area Sq. Ft: _____

ACCESSORY BUILDING Builder Name: _____

Height: _____ Length: _____ Width: _____ Area Sq. Ft: _____ Phone Number: _____

REQUEST FOR FIRE NUMBER *Identify the name and phone number of the utilities serving the property*

Electric Company: _____ Sewer & Water Utility: _____

Phone Number: _____ Phone Number: _____ Private Sewer & Water

Private Alarm Company: _____ Phone Number: _____

Property owner must contact the 911 Communications Supervisor with driveway location at 608-723-2157

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, with a minimum of \$50.00.
(Example: If the construction cost \$208,000 it will cost you \$208.00.)

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

Property owner(s) signature grants consent for CSZD staff to enter upon applicants property pursuant to the Grant County Comprehensive Zoning Ordinance and acknowledgement of above information

Owner(s) Signature: _____ Date: _____

OFFICE USE ONLY

Township: _____ Zoning District: _____

Legal Desc: SEC. T N R W ¼ ¼ Tax parcel: # _____

Sub Division: _____ Road: _____

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: _____

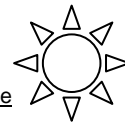
Reviewed by: _____ Approved Denied Date _____

- Coordinates - Coordinates Assigned Fire Number Town Notified

PARCEL SKETCH

Please provide a drawing showing 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
- 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

