Review fee: \$165.00 Complete & sign only this side of application

WINNEBAGO COUNTY ZONING PERMIT APPLICATION

Town of:	Tax Parcel No.:		Proposed start date:	Estimated Cost:		:t:
(STOP - if this property does not have an address assigned by OUR office, submit an on-line Address Request Application prior to submitting any permit applications)			Tune of Construction.	Noui	A al al it i a a	Alteration
Address of affected property:			,,	New Other:	Addition	Alteration
Postal City:		Zip	Existing Use: Vacant		nily Dwelling	
Property Owner of Record:			Other:	Single Fair	my Dwening	
Applicant/Builder:						Attached Garage
(We can fill in the information below if you're not s	ure)		Existing Structures:	Vacant Hou	ise	Detached Garage
Plat name/CSM:	Block	Lot #	Other/Additional Structures:			
Contact information below is for:	Owner	Applicant/Builder	Describe your building/project (structure type, size, material, etc.):			
Contact Name:						
Mailing Address:						
City:	ST	Zip	All single and multi-family dwel	0 01 1		include first floor blueprints.
Contact Phone:	Cell Phone:		Is there a walk-out basemen 1st Floor 2r	nt?: Yes nd Floor Garage	No e Other	
E-mail Address:			Wall Hgt:			
			Sq. Ft:			
I would like to receive my permit by:	E-Mail	Mail	Peak Height:	Mid-Peak He	ight:	

Applicant must read and sign:

In accordance with Wisconsin State Statute 59.691, the information provided herein is to give you notice regarding potential wetlands. 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 waters 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 Wetland Identification web page http://dnr.wi.gov/topic/surfacewater/swdv or contact your local DNR office.

- 2. As the applicant, I hereby acknowledge notice of this wetland information.
- 3. As the application I hereby grant permission for County Zoning Staff to enter the property for inspection purposes.
- 4. As the applicant I hereby acknowledge that this permit is null & void if issued in error or if any facts are misrepresented.

Signature:

Date:

Submit application to our office with the ORIGINAL INK signature along with a complete site plan and the fee by mail or in person. DO NOT E-MAIL