

Sanitary Permit No. \_\_\_\_\_

Zoning Permit No. \_\_\_\_\_

**MONROE CO. ZONING DEPT. APPLICATION FOR ZONING AND OCCUPANCY PERMIT**

Date \_\_\_\_\_

Tax Parcel ID No. \_\_\_\_\_

Zoning Administrator: The undersigned hereby applied for a permit to do work herein described and located as shown on the attached 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 Monroe and with all the laws of the State of Wisconsin. Applicable to said premises and with the information hereon.

Name of Owner \_\_\_\_\_ (please print)  
Signature of Owner \_\_\_\_\_  
Name of Agent \_\_\_\_\_ (please print)  
Agent Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_ Agent Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ City, State Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Certified Survey Map No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_ (if applicable)

Legal description \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_ T \_\_\_\_\_ N, R \_\_\_\_\_ E or W

Town of \_\_\_\_\_ Zoning District \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Driveway permit number: \_\_\_\_\_ (attach copy of driveway permit if access is to be on State or County Highway)

Lot size \_\_\_\_\_ (**attach PLOT PLAN** application will **NOT** be processed without a Plot Plan)

Type of Construction \_\_\_\_\_ (stick, manufactured, pole, etc.)  
Premises to be occupied as \_\_\_\_\_ (dwelling, porch, living room, bedroom, deck, barn, etc.)

Approximate Construction Start Date: \_\_\_\_\_ Estimated Cost \_\_\_\_\_ Height \_\_\_\_\_ ft. No. of stories \_\_\_\_\_

Work consists of (check)

- New building \_\_\_\_\_
- Addition \_\_\_\_\_
- Repairs \_\_\_\_\_
- Alteration \_\_\_\_\_
- Other \_\_\_\_\_

**(Each separate structure must have its own application)**

Size:	Width	Length	Square footage	Fee (see attached instructions)
dwelling:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____
garage:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____
deck/porch:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____
addition:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____
shed:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____
lean to:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____
other:	_____ ft.	x _____ ft.	_____ sqft.	\$ _____

Receipt No.: \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_

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 [www.dnr.wi.gov/wetlands/delineation.html](http://www.dnr.wi.gov/wetlands/delineation.html) OR CONTACT A DEPARTMENT OF NATURAL RESOURCES SERVICE CENTER.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

By signing this, I acknowledge that I have received this notice.

**COUNTY OF MONROE**

**ZONING PERMIT NO.** \_\_\_\_\_

Permit is hereby issued for the above described work on condition that the same be done in accordance with the application and in compliance with the zoning ordinance of the County of Monroe and the laws of the State of Wisconsin. Permit expires 12 months from date of issue unless work has commenced.

\_\_\_\_\_ Approved

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Zoning Administrator)

\_\_\_\_\_ Denied

Reason denied: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Inspected By: \_\_\_\_\_