

Sanitary Permit No. _____

Shoreland Zoning Permit No. _____

**MONROE CO. ZONING DEPT.
APPLICATION
FOR
SHORELAND 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 shoreland 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 _____ Name of Agent _____
(please print) (please print)

Signature of Owner _____ 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 _____ Shoreland 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) Plot Plan attached: ____yes ____no

Type of Construction _____ Premises to be occupied as _____
(stick, manufactured, pole, etc.) (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 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
SHORELAND 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 shoreland 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: _____