



755 Fellows Rd • PO Box 428
 Genoa City, WI 53128
 262-279-6472 • 262-279-6618 Fax

ZONING PERMIT APPLICATION

All highlighted areas must be filled in

PROJECT SITE ADDRESS:														
Owner's Name:	Mailing Address:	Tel #												
		email												
Contractor's Name:	Mailing Address:	Tel #												
		email												
PROJECT DESCRIPTION:		EST. PROJECT COST:												
<p><i>Type of Project: (Please Check)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> New Building Addition</td> <td><input type="checkbox"/> Elevated Deck</td> <td><input type="checkbox"/> Fence</td> <td><input type="checkbox"/> Accessory Structure (shed)</td> </tr> <tr> <td><input type="checkbox"/> Detached Garage</td> <td><input type="checkbox"/> Swimming Pool</td> <td><input type="checkbox"/> Gazebo</td> <td><input type="checkbox"/> Cell Tower/Antenna</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Driveway</td> <td><input type="checkbox"/> Sign</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> New Building Addition	<input type="checkbox"/> Elevated Deck	<input type="checkbox"/> Fence	<input type="checkbox"/> Accessory Structure (shed)	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Cell Tower/Antenna		<input type="checkbox"/> Driveway	<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____
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<i>A SURVEY MUST ACCOMPANY THIS PERMIT SHOWING LOCATION OF THE PROPOSED STRUCTURE.</i>														
<p>I agree to comply with all applicable zoning codes, statutes and ordinances and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to Village Ordinance Chapter 231 regarding additional erosion control and storm water management. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. No refunds issued after work has begun. By applying for this permit, you are authorizing Village personnel to inspect this property within the scope of their duties.</p>														
<p>APPLICANT (Print): _____ Signature: _____ Date: _____</p>														
<p>APPROVAL CONDITIONS: This zoning permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Permit expires in 24 months. See below and/or attached for conditions of approval.</p>														
Office Use Only:	Permit #	Parcel Tax Key #												
Building Type & Use:		<input type="checkbox"/> Final Inspection												
Zoning District:	Set Backs:													
	Front _____ Ft. Rear _____ Ft. Left _____ Ft. Right _____ Ft.													
In Floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO		In Wetland? <input type="checkbox"/> YES <input type="checkbox"/> NO												
PERMIT FEES:		PERMIT ISSUED BY:												
Min. Zoning Permit Fee \$50.00/ea Permit \$ _____ Other \$ _____ Total \$ _____		Approved by: _____ Date: _____ <i>Building/Zoning Administrator</i> Telephone # 262-749-9111 Certificate # _____												