

Planning & Zoning Department Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

Date: _____ **FILE #:** _____

Parcel #: _____ County Zoning District: _____

State Sanitary #: _____ Shoreland Zoning District: _____

State UDC Seal #: _____ FIRM / Flood Study Zone: _____

Waterfront Yes No Airport Height Zoning: _____

* **ADDITIONAL REGULATIONS:** (1) Per Sec. 4-2.05 of the Adams County Shoreland, Wetland and Habitat Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by July 1, 2015. (2) The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

* **SETBACKS:** All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances, and with all laws of the State of Wisconsin applicable to said premises and work. .

CIRCLE ONE: BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: _____ **Phone:** _____

{First}
{Middle Initial}
{Last}

Mailing Address: _____

Property Description:

Gov. Lot: _____ or _____ $\frac{1}{4}$, _____ $\frac{1}{4}$, Sec. _____, T _____ N, R _____ E

Lot: _____; Block: _____; Addition: _____; Subdivision: _____

Town of: _____ Property Address (if any): _____

Lot / Parcel Size: Width: _____ Length: _____ Acres / Sq. Ft.: _____

Construction Description: _____
(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitary, etc.)

Use: _____
(Residence, Accessory Building, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): _____
(Frame, Masonry, Manufactured, Pole, etc.)

Building Description: Width: _____ Length: _____ Area: _____ Sq. Ft.
Height: _____ No. of Stories: _____ No. of Bedrooms: _____

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER ACKNOWLEDGES: (1) THAT THEY HAVE READ *NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: _____ **Phone:** _____

Printed Name:_____ **Cell #:**_____

Address: _____

OFFICE USE ONLY:

Zoning: \$ _____
 Sanitary: \$ _____
 Building: \$ _____
 Other: \$ _____
 State Fee: \$ _____
 Total: \$ _____

Paid (check # or cash): \$

Date: _____

By: _____

____ Approved by: _____ Date: _____

Denied by: _____ Date: _____

IMPORTANT NOTICE TO PERMIT APPLICANTS

Regarding wetlands

- AS OWNER AND / OR AGENT, 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 OR CONTACT A DEPARTMENT OF NATURAL RESOURCES SERVICE CENTER. (Wis Stats 59.69 1) [HTTP://DNR.WI.GOV/WETLANDS/MAPPING.HTML](http://DNR.WI.GOV/WETLANDS/MAPPING.HTML)

[illegible]

INSPECTION NOTES

[illegible]