

INSTRUCTIONS: Fill out this form as completely as possible. No permits will be issued until fees are paid and on-site verified. Submit completed application and fees to: Dunn County Zoning Office, 800 Wilson Ave., Rm 310, Menomonie, WI 54751. Make checks payable to: Dunn County Zoning. Questions? Call (715) 231-6521

FEE: \$75.00

Check# _____
 Cash Record # _____



APPLICATION FOR ZONING PERMIT

Owner / Applicant	
Address	
City, State, Zip	
Telephone Home / Cell	()
Email Address	

FOR OFFICE USE ONLY

PERMIT: # _____ - _____ ZONING DISTRICT: _____
 APPLICATION
 DATE: _____ TOWNSHIP: _____

Zoning Official's Initials _____

LEGAL DESCRIPTION OF PROPERTY

Computer # _____ Parcel ID # _____ Lot Size/Acres _____
 Gov't lot _____ ; _____ 1/4 _____ 1/4, Section _____ T _____ N - R _____ W _____
 Lot _____ Block _____ Subdivision / CSM # _____
 Driveway Permit Needed? YES NO Site Address: _____

Permit Requested For: (check applicable boxes and lines)

<input type="checkbox"/> New Single Family	<input type="checkbox"/> On-Site-Built <input type="checkbox"/> Modular	<input type="checkbox"/> 1-Story <input type="checkbox"/> Loft	<input type="checkbox"/> No. of Bedrooms: _____	<input type="checkbox"/> Standard Basement	Footprint of Dwelling
<input type="checkbox"/> New Two Family	<input type="checkbox"/> Double wide <input type="checkbox"/> Mobile	<input type="checkbox"/> 2-Story		<input type="checkbox"/> Walkout Basement	
<input type="checkbox"/> Floor Plans Submitted	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Split Level		<input type="checkbox"/> No Basement	
<input type="checkbox"/> Repair / Rebuild	<input type="checkbox"/> Other			<input type="checkbox"/> Storm Shelter	Total Sq. Ft. _____
<input type="checkbox"/> ADDITION(S)	Use of Addition	Bedrooms:	<input type="checkbox"/>	<input type="checkbox"/> Personal storage	Size of Proposed Addition:
<input type="checkbox"/> to Dwelling	<input type="checkbox"/> Bedrooms <input type="checkbox"/> Kitchen	No. Existing _____	<input type="checkbox"/>	<input type="checkbox"/> Business	_____ x _____
<input type="checkbox"/> to Accessory Bldg	<input type="checkbox"/> Bathroom <input type="checkbox"/> Living Room	No. Adding _____	<input type="checkbox"/>	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> to Commercial "	<input type="checkbox"/> Garage <input type="checkbox"/> Deck/Other	Total Bedrooms _____			
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Garage <input type="checkbox"/> Greenhouse	<input type="checkbox"/> Bathroom	<input type="checkbox"/> W/ lean-to	<input type="checkbox"/> Personal storage	Size of Proposed Building:
<input type="checkbox"/> Building elevations & floor plans & site plan	<input type="checkbox"/> Shed	<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Loft	<input type="checkbox"/> Business	_____ x _____
<input type="checkbox"/> New Commercial Bldg	Type of Business:	<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Sign		<input type="checkbox"/> Offices	<input type="checkbox"/> Reclamation Plan on file with LCD ?	Non-Metallic Mining Site:	Size of Proposed Building:
<input type="checkbox"/> Non-metallic Mining		<input type="checkbox"/> Restrooms		Acres: _____	_____ x _____

Inside Plumber:	Outside Plumber:	Sanitary Permit # _____ (if required)	Sized for # B.R. _____
Contractor / Address:		Project Value: \$ _____	
Telephone No. () _____			

NOTE: The Zoning Office must be notified if there is any modification to this permit application relating to plot plan / site layout.

Setbacks:	Area of Disturbance: _____ sq feet		
Name of nearest road:	Distance to Road Center Line <input type="checkbox"/>: OR Road R.O.W. <input type="checkbox"/>:	Lot Lines Staked: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Distance to Side Lot Lines:	Distance to Rear Lot Line:	Ordinary High Water Mark:	Floodplain Elevation:

Attachments: Office Use	CONTOUR REQUIREMENTS
<input type="checkbox"/> PLOT PLAN <input type="checkbox"/> FLOODPLAIN	GRADING PLANS -
<input type="checkbox"/> SHORELAND <input type="checkbox"/> WETLAND	<input type="checkbox"/> PRE-CONSTRUCTION
<input checked="" type="checkbox"/> for buffer / impervious surface	<input type="checkbox"/> POST- CONSTRUCTION
<input type="checkbox"/> ZONING REVIEW	<input type="checkbox"/> VIEW / ACCESS CORRIDOR
<input type="checkbox"/> FLOORPLANS <input type="checkbox"/> CSM	<input type="checkbox"/> BUFFER AREA DESIGN

NOTE: "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 [Locating Wetlands - WDNR](#) or contact a Department of Natural Resource service center." **By signing this application, the applicant acknowledges that they have been given the above notice.**

Owner/Agent/Applicant _____ Date _____

NOTE: Check with your township for other regulations or permits that may be required.

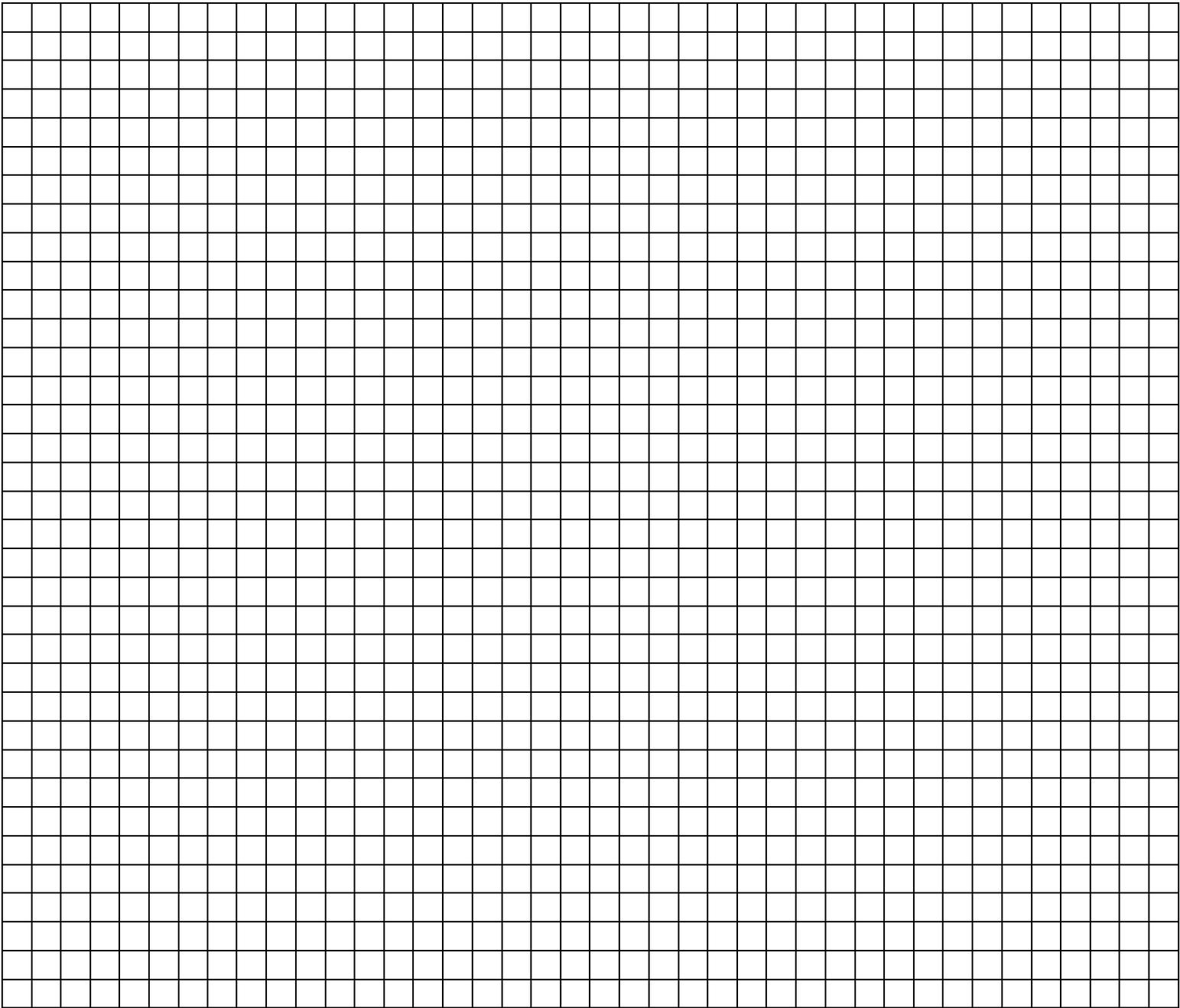
FOR COUNTY USE ONLY Insp. Initial's _____
 Date: On-Site/ Permit Issued _____, _____

APPLICATION ONLY - PERMIT PENDING

PLOT PLAN DIAGRAM

SCALE: 1 Block = _____ feet
If drawing is not to scale show all dimensions

N

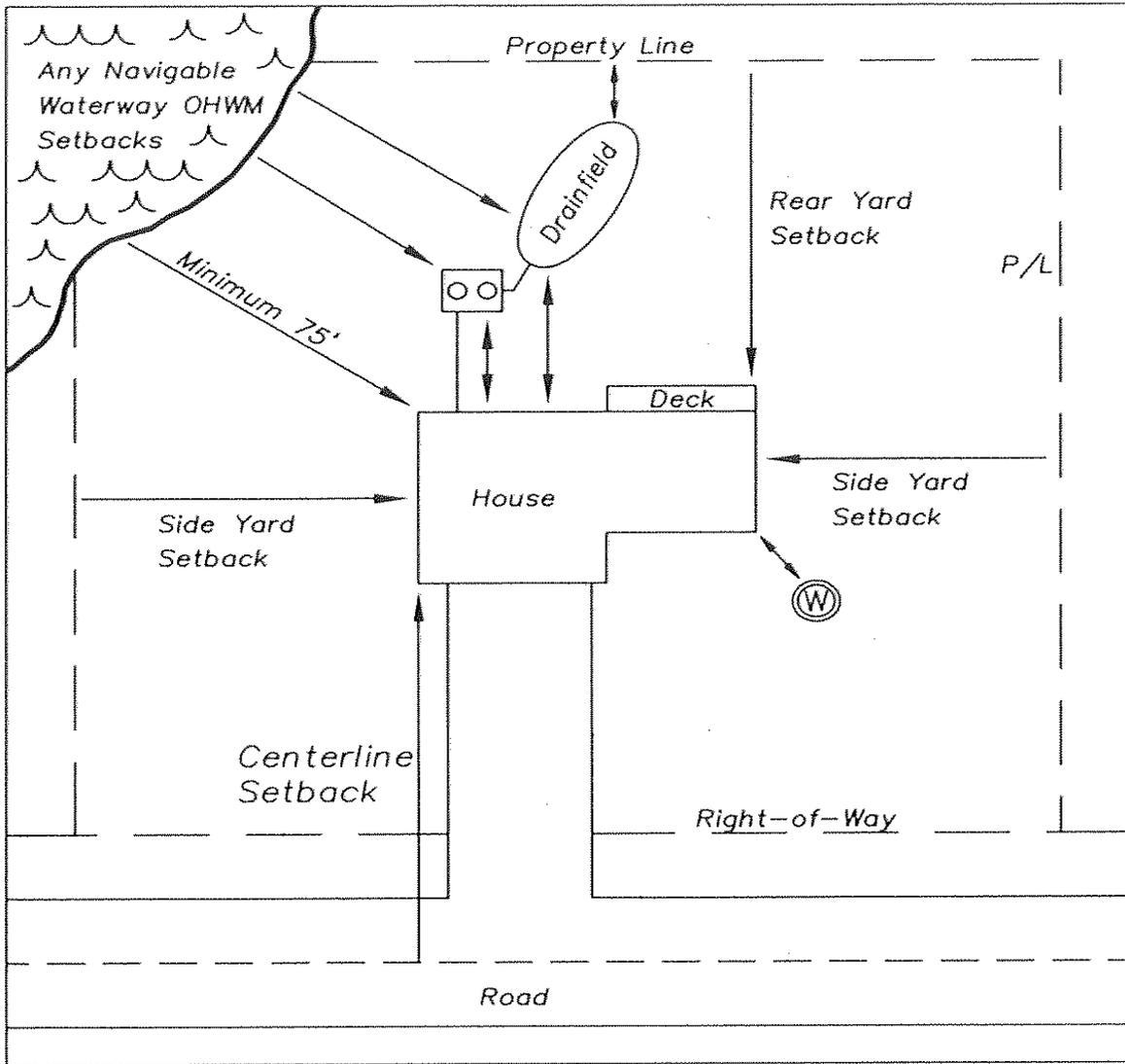


Additional responsibilities for owners of projects disturbing one or more acre(s) of soil:

I understand that this project is subject to regulations regarding erosion control and storm water management and I will comply with those standards. For more information, visit the Department of Natural Resources or contact a Department of Natural Resources Service Center.

Applicant's Signature: _____ Date: _____

PLOT PLAN EXAMPLE



Show location and size of the existing and proposed structure(s).
 Show location of proposed/existing sanitary system/privy, drainfield and well.

Show the distance in feet to the following on your diagram.

- New structure to all lot lines including ordinary high water mark (OHWM) of a lake, river, or stream.
- New structure to centerline of the road. Indicate road name.
- Sanitary system/privy to closest lot line, new structure, existing or proposed well.
- Sanitary system/privy to the ordinary high water mark of a lake, river, or stream.