Z cation Form City of Nekoosa

Applicant Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Approximate cost of project: _____

Property Owner Information (if different from Applicant)

Name: _____

Address: _____

Telephone: _____

Email: _____

Consultant(s) Information: (Applicant's Architect, Engineer, Developer, Builder, Etc.)

Name: _____ Address: _____

Telephone: _____ Email: _____

State License/Certification #: _____ Expiration date: _____

Type of Development (check where appropriate) (attach site plan – see Page 2)

Fence _____ Deck _____ Garage____ Pool____ Accessory Building_____

New Construction _____ Change in Use _____ Antenna/Tower_____ Other_____

The Zoning Administrator may request additional information during the review of the Zoning Application. The Zoning Administrator may request a site survey.

Certification by Applicant and Property Owner

I hereby certify that the above and foregoing information, including any information on attached forms, documents, or drawing submitted herewith, is true and correct. I understand that all work performed and improvements installed pursuant to this application, must conform to all applicable City Ordinances, State Building Codes, and the specific terms and conditions of the permit granted.

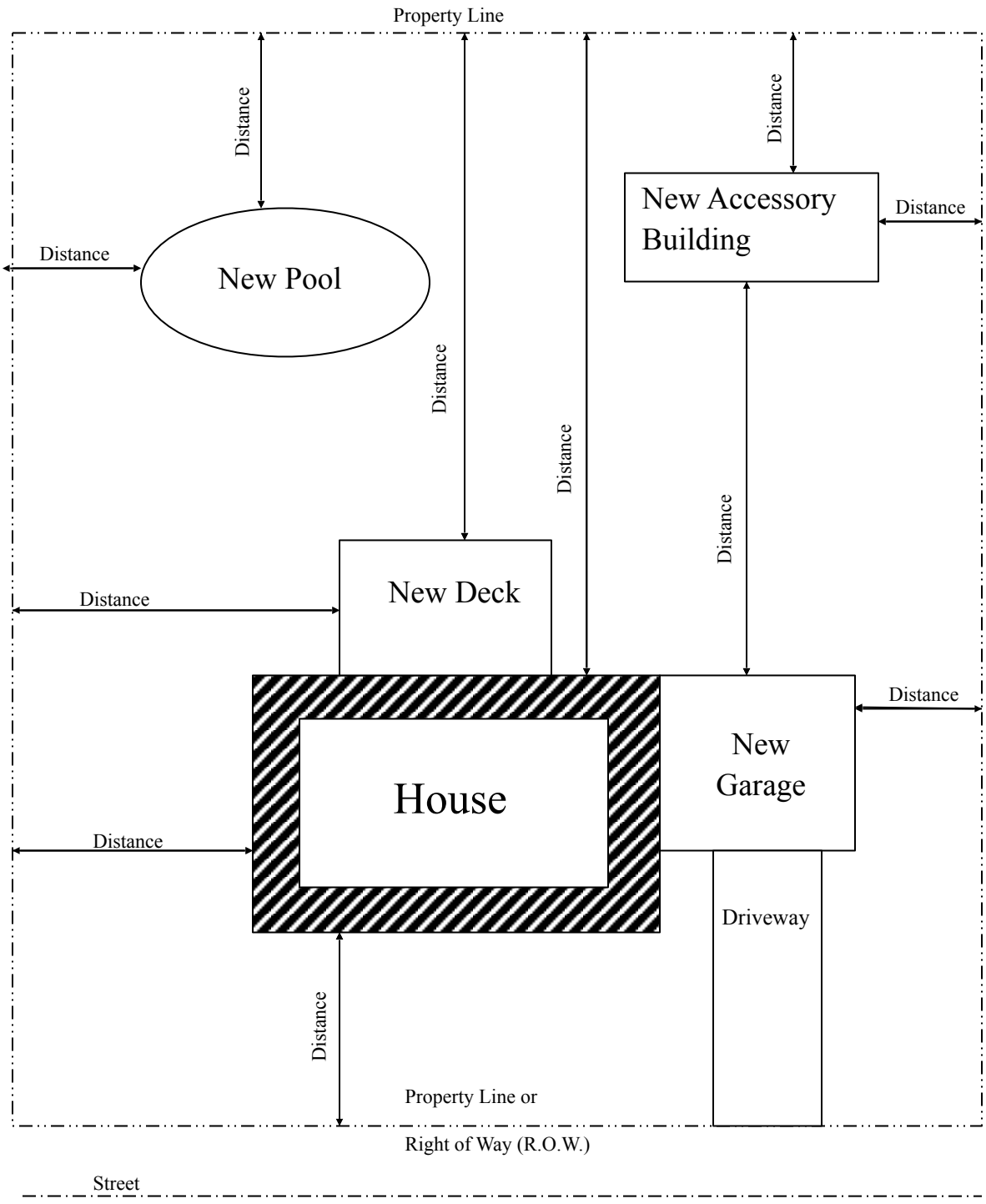
_____

Signature of Applicant Print Name Date

_____

Signature of Property Owner (if different from Applicant) Print Name Date

951 Market Street Nekoosa, WI 54457 715.886.7889



Example Site Plan

Note: All measurements identified on this example should appear on the submitted site plan for the new improvement.