

# Town of Morrison Zoning Permit

| Applicant Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
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| Applicant Name (Indiv., Org. or Entity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                                                         |                             | Authorized Representative                                         |                       | Title                              |                                                                        |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | City                                                              |                       | State                              | Zip Code                                                               |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                         |                             | Phone                                                             |                       | Fax                                |                                                                        |
| Landowner Information (if different than Applicant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| Name (Org. or Entity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                         |                             | Contact Person                                                    |                       | Title                              |                                                                        |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | City                                                              |                       | State                              | Zip Code                                                               |
| E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                         |                             | Phone                                                             |                       | Fax                                |                                                                        |
| Project or Site Location (Fill in Site Address/Location Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| Site Address/Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                         | Location ID(s):             |                                                                   | Plat / CSM / Lot No.: |                                    |                                                                        |
| Quarter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> NW | <input type="checkbox"/> NE                                                                             | <input type="checkbox"/> SW | <input type="checkbox"/> SE                                       | Section:              | Township:                          | N Range: E                                                             |
| Legal Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| Current Zoning:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | Current Use:                                                      |                       |                                    |                                                                        |
| Lot Dimensions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | Front:                                                                                                  | Side:                       | Rear:                                                             | Side:                 | Lot Area:                          | <input type="checkbox"/> acres or <input type="checkbox"/> square feet |
| Project Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| <u>Structure:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | <u>Type:</u>                                                                                            |                             | <u>Use:</u>                                                       |                       | <u>Setbacks – Principal Bldg.:</u> |                                                                        |
| <input type="checkbox"/> Principal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | <input type="checkbox"/> New                                                                            |                             | <input type="checkbox"/> Res. <input type="checkbox"/> One-Family |                       | Front: Side:                       |                                                                        |
| <input type="checkbox"/> Accessory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | <input type="checkbox"/> Addition                                                                       |                             | <input type="checkbox"/> Two-Family                               |                       | Rear: Side:                        |                                                                        |
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | <input type="checkbox"/> Other: _____                                                                   |                             | <input type="checkbox"/> Multi-Family                             |                       |                                    |                                                                        |
| <u>Project Description:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                         |                             | <input type="checkbox"/> Com./Ind./Civic                          |                       | <u>Setbacks – Accessory Bldg.:</u> |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | <input type="checkbox"/> Agricultural                             |                       | Front: Side:                       |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             |                                                                   |                       | Rear: Side:                        |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             |                                                                   |                       | <u>Lot Coverage:</u>               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             |                                                                   |                       | <u>Impervious Surface:</u>         |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             |                                                                   |                       | Existing: Existing:                |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             |                                                                   |                       | Proposed: Proposed:                |                                                                        |
| Estimated Cost: \$ <span style="background-color: yellow;">                    </span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                         |                             | Estimated Start Date: _____                                       |                       | Height (to peak):                  |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             |                                                                   |                       | No. Stories:                       |                                                                        |
| Project Plans (see reverse side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| <input type="checkbox"/> Site Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | <input type="checkbox"/> Building Plans                                                                 |                             | <input type="checkbox"/> Grading/Drainage Plan                    |                       |                                    |                                                                        |
| Fees (Payable to Town of Morrison)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| <input type="checkbox"/> New Res Construction - \$250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Accessory Building (shed, detached garage) - \$100.00                          |                             | <input type="checkbox"/> Commercial building - \$350.00           |                       |                                    |                                                                        |
| <input type="checkbox"/> Residential Addition - \$100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Accessory Structure - \$50.00<br>(pool, deck, patio, fence, filling & grading) |                             | <input type="checkbox"/> Agricultural building - \$250.00         |                       |                                    |                                                                        |
| Certification, Permission, & Wetland Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| <p><b>Certification:</b> I hereby certify that I am the landowner of the property subject to this Application. I certify that the information contained in this form and attachments is true and accurate. I understand that failure to comply with any or all of the provisions of the ordinances and/or permit may result in notices, fines/forfeitures, stop work orders, permit revocation, and cease &amp; desist orders.</p> <p><b>Permission:</b> As the landowner of the property, I hereby give the permit authority permission to enter and inspect the property to evaluate this application, determine compliance with the ordinances, and perform corrective actions after issuing proper notice to the landowner.</p> <p><b>Wetland Notice:</b> 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 (<a href="https://dnr.wi.gov/topic/wetlands/identification.html">https://dnr.wi.gov/topic/wetlands/identification.html</a>) or contact a Department of Natural Resources service center.</p> |                             |                                                                                                         |                             |                                                                   |                       |                                    |                                                                        |
| Applicant Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                         |                             |                                                                   |                       | Date                               |                                                                        |
| Landowner Signature (required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                         |                             |                                                                   |                       | Date                               |                                                                        |
| OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                                                                                                         |                             |                                                                   |                       | Inspections:                       |                                                                        |
| Date Complete<br>Application Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fee Received:               | \$                                                                                                      | Date Approved:              | Principal                                                         |                       | Accessory                          |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Receipt No.:                |                                                                                                         |                             | Front:                                                            |                       |                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | Side:                                                             |                       |                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | Rear:                                                             |                       |                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | Side:                                                             |                       |                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Permit No.:                 |                                                                                                         |                             | Building Height:                                                  |                       |                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | Building Coverage:                                                |                       |                                    |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                         |                             | Impervious Surface Coverage:                                      |                       |                                    |                                                                        |