

TOWN OF WINNECONNE ZONING PERMIT

Please complete this side of application
Review Fee is \$165

Review by Appointment Only - Please Call
Katie Harter (920) 500-0959

Tax Parcel No.: _____

Property Owner: _____

☐ The property owner and
applicant/builder are the same

Applicant or builder: _____

Mail Permit To: ☐ Property Owner ☐ Applicant/Builder

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Phone:** _____

Cell phone: _____ **Email:** _____

Construction Site Address: _____

City: _____ **Zip:** _____

Plat Name/CSM: _____ **Lot:** _____

Block: _____ **S:** _____ **T:** _____ **R:** _____ **Lot Size:** _____

Existing Use: ☐ Single Family Dwelling ☐ Vacant

☐ Other: _____

Existing Structures: ☐ None ☐ House ☐ Garage ☐ Attached ☐ Detached

☐ Other: _____

Proposed Start Date: _____

Construction: ☐ Principal ☐ Accessory

Type of Construction: ☐ New ☐ Addition ☐ Alteration

☐ Other: _____

Describe Proposed Construction: _____

1st Floor: Wall Hgt _____ Size _____ Sq. Ft. _____

2nd Floor: Wall Hgt _____ Size _____ Sq. Ft. _____

Other Wall Hgt _____ Size _____ Sq. Ft. _____

Garage: Wall Hgt _____ Size _____ Sq. Ft. _____

Attached? Y N **Overall Structure Hgt:** _____ **Mid-Peak Height:** _____

Estimated Cost: \$ _____ **Walk-out Basement:** ☐ Yes ☐ No

For office use

Fee Received: _____

Received by: _____

Receipt No.: _____

1. In accordance with Wisconsin State Statute 59.691, the information provided herein is to give you notice regarding potential wetlands. 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 waters 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 Wetland Identification web page listed or contact your local DNR office.
[Http://dnr.wi.gov/topic/surfacewater/swdvw](http://dnr.wi.gov/topic/surfacewater/swdvw)

As the applicant, I hereby acknowledge notice of this wetland information.

2. Permission is hereby granted for Town Zoning Staff to enter the property for inspection purposes until a Certificate of Compliance is issued.

Signature: _____

Date: _____

**PERMIT IS NULL & VOID IF ISSUED IN ERROR OR
IF APPLICANT MISREPRESENTS ANY FACTS**

TOWN OF WINNECONNE ZONING PERMIT

FOR OFFICE USE ONLY

Current Zoning: _____ Future Land Use: _____

Overlays: SL _____ WL _____ FP _____ SWDD _____
Air _____ EXT _____ NONE _____

BP _____ PO _____ Access Controlled _____

Potential Wetlands: _____

Special Standards Sec.: _____

Sewer: Y N
Private: Y N

Sanitary District: _____

Update: _____ New: _____ N/A: _____
Sanitary Permit #: _____ Date: _____ Issued by: _____

EC/SW N/A _____
Permit No _____ Date: _____ Issued by: _____

SETBACKS

Principal

Street _____ / _____ Rear _____ / _____
Side _____ / _____ Side _____ / _____
Shore _____ / _____ Other _____ / _____

Accessory

Street _____ / _____ Rear _____ / _____
Side _____ / _____ Side _____ / _____
Shore _____ / _____ Other _____ / _____
Permit # _____ Census # _____

NOTES: _____

Conditions: _____