



APPLICATION FOR ZONING PERMIT VILLAGE OF ROCHESTER, WISCONSIN

Permit No.:	
Date Issued:	

Landowner Information

Name: _____
Address: _____
Phone: _____
Email: _____

Applicant Information – Check ☐ if same as Owner.

Name: _____
Address: _____
Phone: _____
Email: _____

Site Information

Address: _____
Legal Description: _____

Parcel ID: _____
CSM No.: _____ Zoning Dist.: _____

- ☐ Pre-Existing Nonconforming Use/Structure Nonconforming Structure's Assessed Value: \$ _____
Number of Existing Accessory Structures: _____ Total area of all Accessory Structures (sq. ft.): _____
Select one: ☐ Property served by municipal sewer ☐ Property served by private sewage system (POWTS)
☐ Property covered by Homeowners Association (HOA) – If checked, include approval letter from HOA w/application.

Proposed Construction/Use Information (Complete as applicable)

1. Description of Proposed Construction/Use: _____
2. Select as Appropriate: ☐ New ☐ Addition ☐ Alteration ☐ Conversion ☐ Temporary ☐ Change
3. Select as Appropriate: ☐ Principal Structure ☐ Accessory ☐ Deck ☐ Sign ☐ Use ☐ Other: _____
4. Building – Size: _____ sq. ft. Height: _____ ft. Number of Units: _____ Number of Stories: _____
6. Contractor: _____ Estimated Cost of Improvements (including labor): \$ _____
7. Proposed Setbacks (ft.) – Street 1: _____, Street 2: _____, Side 1: _____, Side 2: _____, Rear: _____, Shore: _____
8. Location: ☐ Shoreland ☐ Floodplain ☐ Wetland ☐ Historic Preservation District
9. New Driveway Access Required (Ord. 35-163): ☐ Village (See Ord. 6-7) – Permit # _____ ☐ Racine County
10. ☐ New Sanitary Permit Required (Ord. 35-9): Permit # _____

Complete the following section only if proposed modifications will affect an existing private sewage system:

1. Sanitary Permit #: _____ Date issued _____ Year installed _____
2. ☐ Proposed construction is an accessory structure without plumbing – Proceed to #4.
3. ☐ Proposed construction is a commercial facility, public building, or place of employment, and there will be a change in occupancy of the structure; or the proposed modification affects either the type or number of plumbing appliances, fixtures or devices discharging to the system.
☐ Proposed construction is a dwelling, and the proposed addition/alteration changes the number of bedrooms.
• If either box in #3 is checked, documentation must be submitted to verify that the system can accommodate a modification in wastewater flow or contaminant load, pursuant to SPS § 383.25(2)(d).
4. ☐ Construction will interfere with setback requirements to private sewage system per SPS § 383.43(8)(i).
• If checked, provide variance approval date: _____
5. ☐ New sanitary permit has been issued to accommodate the structure or proposed modification in wastewater flow or contaminant load, and/or County sanitary approval granted.
6. ☐ Sanitary system complies with all other local, county, and state requirements. (Comments required if unchecked.)
7. Comments: _____
8. POWTS Inspector's Signature: _____ Date: _____

License #: _____

