ZONING PERMIT APPLICATION

TOWN OF BRUSSELS, DOOR COUNTY, WI

PO Box 22, Brussels, WI 54204

P: 920-495-3201, Email: zoning.townofbrussels@gmail.com

BUILDING SITE LOCATION

Street Address: _____ Lot area (in square feet): _____

Tax Parcel # _____ Zoning district: Section _____, T 26 N, R 24 E

OWNER INFORMATION

Name: _____ Mailing Address, City, State, Zip: _____

Phone #: _____ Email: _____

APPLICANT INFORMATION (IF DIFFERENT THAN OWNER)

Name: _____ Mailing Address, City, State, Zip: _____

Phone #: _____ Email: _____

BUILDER INFORMATION

Company/Name: _____ Mailing Address, City, State, Zip: _____

Phone #: _____ Email: _____

PROJECT DESCRIPTION

☐ New Dwelling ☐ Addition ☐ Alteration ☐ Accessory Structure (shed, garage, pool, etc.) ☐ Driveway

☐ Commercial ☐ Other (specify): _____

Total square footage of building: _____ Number of stories: _____ Total height of building from grade (ft): _____

Total impervious surface coverage (sq.ft.): _____

Sanitary permit # (if applicable) _____

ESTIMATED COST OF PROJECT: $_____

REQUIRED ATTACHMENTS:

1) Site plan showing proposed building location, driveways, and any existing buildings. Provide measurements (in feet) from rear and side property lines, the centerline(s) of any public or private road, and distances between buildings.
2) One set of building plans showing elevations and floor plan
3) Sanitary permit approval from the county sanitarian (when applicable)

The applicant agrees to comply with the Town of Brussels building and zoning ordinances, all applicable State uniform dwelling codes, and with the conditions of this permit; understands that the issuance of this permit creates no legal liability, express or implied, on the Town of Brussels; and certifies that all of the above and provided information is accurate.

The applicant hereby authorizes the zoning administrator to enter and remain in or on the premises for which this application is made at any reasonable time for all purposes of inspection relative to this petition.

Signature of Applicant: _____ Date: _____

Conditions of approval:

_____

_____

_____

Approved by: _____ Date: _____ Fee: **$**_____ Permit#: _____ Expiration Date: _____