

TOWN OF BLACK WOLF ZONING PERMIT APPLICATION FORM

\$25 Zoning Permit Fee (6/06)
Office: 920 688-1404
Fax #: 920 688-1405

PROPERTY OWNER _____ Send to _____

APPLICANT/BUILDER _____ Send to _____

Permit to be mailed to: _____

City _____ State _____ Zip Code _____

Tax Parcel No. _____ Telephone No. _____

CONSTRUCTION SITE ADDRESS: _____

City _____ State _____ Zip Code _____

Lot _____ Block _____ Plat _____

Sec. _____ T _____ N _____ R _____ E _____ Lot Size _____

Zoning: _____ Existing Use: _____

Existing Structures (Describe): Sq. footage of house

Sq. footage of accessory structures

USE: Principal _____ PROPOSED CONSTRUCTION Accessory _____

Res. _____ Com/Ind _____ AGI _____ Other _____

Type: New _____ Addition _____ Alteration _____ Other _____

DESCRIBE: _____

Basement: Height _____ Sq. Ft. _____
1st Floor: Height _____ Sq. Ft. _____

2nd Floor: Height _____ Sq. Ft. _____
Garage: Height _____ Sq. Ft. _____

ATTACHED _____ DETACHED _____
OWNER/AGENT _____ Date _____
Signature: _____

(TOWN USE ONLY)

Town of _____

Parcel No. _____

Building Inspector _____

Building Permit Issued _____ Permit # _____ Fee _____

Date of Completion _____

Basic Zoning District _____

SL _____ FP _____ WL _____ AIR _____ None _____

NOTES: _____

Sewered _____ Private: Update _____ New _____ N/A _____

Sanitary Permit No. _____ / _____ Date _____

Sanitary Inspector's Approval _____

Setbacks: Street _____ Side _____

Rear/Shore _____ Other _____

Issued by: _____

Date: _____ Permit No. _____

Do you need a culvert? Road Access Permit Fee Paid? _____

NOTES: _____ PENDING _____

Date: _____ Reason: _____