



OFFICE USE ONLY:

Date: _____ PERMIT #: _____
Parcel #: _____ Zoning District: _____
Waterfront Yes No

Zoning Department

1156 Alpine Drive Phone: 715 325-8019
Nekoosa, WI 54457 Fax: 715 325-8035
Email: zoning@romewi.com
www.romewi.com

ZONING PERMIT APPLICATION
\$100.00 APPLICATION FEE

* **ADDITIONAL REGULATIONS:** The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, you should determine if your project is subject to regulations of any other entity such as Adams County, the State of Wisconsin, or a homeowners association.

* **SETBACKS:** All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). **IMPORTANT NOTE:** Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with all ordinances and with all laws of the State of Wisconsin applicable to said premises and work.

CIRCLE ONE: 1 & 2 FAMILY DWELLING ACCESSORY STRUCTURE SHED COMMERCIAL OTHER _____

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: _____ Phone: _____
{First} {Middle Initial} {Last}

Mailing Address: _____

Property Description:

Gov. Lot: _____ or _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E

Lot: _____; Block: _____; Addition: _____; Subdivision: _____

Property Address : _____

Lot / Parcel Size: Width: _____ Length: _____ Acres / Sq. Ft.: _____

Construction Description: _____

(1 & 2 Family Dwelling, Addition, Accessory Structure, Shed, ect.)

Use: _____

(Residence, Residential Accessory Structure, Commercial, Industrial, Public, etc.)

Type of Construction (if Manufactured Home, list year): _____

(Frame, Masonry, Manufactured, Pole, etc.)

Building Description: Width: _____ Length: _____ Area: _____ Sq. Ft.

Height: _____ No. of Stories: _____ No. of Bedrooms: _____

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER AKNOWLEDGES: (1) THAT THEY HAVE READ *NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. (2) THAT THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: _____ Cell # _____

Printed Name: _____ **E-mail** _____

Address: _____

OFFICE USE ONLY:

Zoning: \$ _____ Comments / Conditions: _____

Paid: \$ _____
(check # or cash)

Date: _____ Approved by: _____ Date: _____

By: _____ Denied by: _____ Date: _____

