

W240 N3065 Pewaukee Rd Pewaukee, WI 53072 Office - 262-691-9107 Fax - 262-691-6039	ZONING PERMIT APPLICATION CITY of PEWAUKEE	Permit No.
		Parcel/Tax Key No.

****All highlighted areas must be filled in**

Building Type	Use	Zoning District
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BUILDING SITE ADDRESS:

Owner's Name:	Mailing Address	Tel.
		FAX#
Contractor's Name:	Mailing Address	Tel.
		FAX#

PROJECT DESCRIPTION:

Zoning District: (Contact Zoning Administrator at 262-691-9107)	Set Backs – to be filled in by Owner	Front ft.	Rear ft.	Left ft.	Right ft.
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Type of Project: (Please Check)

Garden Shed Shed Cell tower/Antenna Patio Slab
 Play structure Fence Gazebo Play structure Driveway
 Other: _____

Estimated Project Cost:

I agree to comply with all applicable zoning codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to Ch. NR 151 regarding additional erosion control and storm water management. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. **No refunds issued after work has begun.** By applying for this permit, you are authorizing City personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS This zoning permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. **See below for conditions of approval.**

PERMIT FEES:	A SURVEY MUST ACCOMPANY THIS PERMIT SHOWING THE LOCATION OF THE PROPOSED STRUCTURE.	PERMIT ISSUED BY:
Zoning Permit Fee \$ <u>75.00</u>		Name _____ Date _____ Tel. _____ Cert No. _____