

Town of Rome
1156 Alpine Dr.
Nekoosa, WI 54457
(715) 325-8012

For obtaining a Permit for **REMODELING OR ADDITIONS** to one and two family dwellings, the following must be done before the Inspector can issue the permits:

1. County Zoning Permit – If your building project is an addition located within 1,000 feet of a lake or flowage, or within 300 feet of any navigable stream, then you would be required to apply for a zoning permit from Adams County Planning and Zoning. (Additions only) (608)339-4222
2. Town of Rome Zoning Permit – You must apply for and have approved a zoning permit from the Town Zoning Administrator.
3. Sanitary Permit – If the Addition or Remodeling involves an increase in the number of bedrooms, then a sanitary re-connect permit is required from Adams County.
4. Plot Plan – Showing the location of the building in relation to other buildings, wells, surface waters, property lines, and septic systems. (Additions only)
5. Building Plans – Shall contain floor plans for each level that show the size and location of all rooms, doors, windows, structural features, exits, and stairs. The use of each room shall be indicated. Show the location of plumbing fixtures, chimneys, and heating and cooling appliances. Plans should also include elevations which show the exterior appearance of the dwelling, indicating the location, size, and configuration of doors, windows, roof, chimneys, exterior grade, footing and foundation walls, and the type of exterior finish.
6. Permit Applications – which reflect the type of work involved. (i.e. building, plumbing, etc.)
7. Signed “Cautionary Statement” - If the owner is taking out the building permit. Other than the property owner, only a State certified contractor may take out local building permits for work performed on one and two family dwellings.

Information

Within the Town of Rome, there are various residential areas governed by an Association and covenants. If your property is located in an area governed by an Association, for example – Lake Arrowhead Association, you are advised to contact them as soon as possible regarding your building plans.

Driveway Permit – All driveways installed, altered, changed, replaced, or extended after 10/10/96 must have a driveway permit and be approved as to location by the Director of Public Works. Driveways on the County Trunk System require a County driveway permit issued by Adams County.

All this information and forms are available at the Town of Rome’s Website at www.romewi.com Along with applications for other types of permits also.

TOWN OF ROME
ZONING PERMIT APPLICATION

I. Date: _____ Permit Fee: \$40.00 Permit No.: _____

II. Property owned by: _____
Mailing address: _____
City, state, zip: _____
Phone: _____

III. Property description:
Zoned as: _____ Shoreland area: ___Yes ___No Wetland area: ___Yes ___No
Address: _____
Lot #: _____ Subdivision: _____
Legal description: _____

IV. Property size:
Width: _____ Length: _____ No. Acres: _____

V. Property use:
Present use(s) of property & structure(s):
Principal structure: _____
Accessory structure(s): _____
Land use(s): _____

Proposed use(s) of property & structure(s):
Principal structure: _____
Accessory structure(s): _____
Land use(s): _____

Have you applied for Association Approval? ___Yes ___NO ___Not Applicable

VI. **Lot lines must be marked and building site must be staked before a zoning permit is issued.** Call 715-325-8019 when ready for setback inspection.

VII. **Submit plot plan showing those applicable of the following:**

- | | |
|---|---|
| 1. Lot and dimensions. | 5. Existing & proposed use of each structure. |
| 2. Existing & proposed structures. | 6. All setbacks (lot line, adjacent structures, road, well, septic {tank & drainfield}, surface water). |
| 3. Abutting roads, lakes, streams. | 7. Building plans for new construction. |
| 4. Existing & proposed driveways, parking areas, open space, landscaping. | 8. Elevations of existing & proposed structures. |
| | 9. # of persons occupying each structure. |

VIII. The undersigned hereby applies for a zoning permit, and agrees that all work will be done in accordance with County zoning, Town of Rome zoning, building code, and/or subdivision ordinances, and all laws of the State of Wisconsin.

IX. By signing this application you give permission to Town officials to inspect the property listed in item III.

X. Signature of owner / agent: _____ Phone: _____

_____ Approved Date: _____ _____ Denied Date: _____

Signature of department official: _____

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.02 (a) 3.

UNIFORM
BUILDING PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED ELECTRICAL PLUMBING HVAC OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ DWELLING CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION NEW CONSTRUCTION ADDITION REMODEL
DWELLING CONTRACTOR QUALIFIER NO. _____

ONE AND TWO FAMILY COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
ONE AND TWO FAMILY DWELLINGS			
GARAGES	UP TO 600 SQ. FT. \$50.00	_____	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.	_____ Sq. Ft.	_____
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____	_____
	MINIMUM OF \$50.00	_____ Value	_____
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$50.00	_____	_____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.	_____ Sq. Ft.	_____
COMMERCIAL BUILDINGS			
NEW	\$.09 PER SQ. FT. + \$225.00	_____	_____
REMODELING/ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____	_____
	MINIMUM OF \$100.00	_____ Value	_____
RE-INSPECTION FEE _____	\$25.00 EACH		
FAILURE TO CALL FOR INSPECTION _____	\$25.00 EACH		
			Total _____

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN <input type="checkbox"/>	NAME _____
INSPECTION FEE _____	VILLAGE <input type="checkbox"/>	DATE _____
OTHER _____	CITY <input type="checkbox"/>	CERT. NO _____
TOTAL _____	OF: _____	

Cautionary Statement To Owners Obtaining Building Permits

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

Additional Responsibilities for Owners of Projects Disturbing More One or More Acre of Soil

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Owner's Signature: _____ Date: _____

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

UNIFORM
ELECTRICAL PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED CONSTRUCTION PLUMBING HVAC OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION NEW CONSTRUCTION ADDITION REMODEL
 ONE AND TWO FAMILY COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE
1. Light, switch, and convenience outlet _____	.40	_____	_____
2. Power receptacles over 150 volts, first 30 amps _____	5.00	_____	_____
over 30 amps _____	6.00	_____	_____
3. Lighting fixtures, incandescent _____	.40	_____	_____
4. Tubular lamp, such as fluorescent, per tube _____	.25	_____	_____
5. Arc light, search light, floodlight, mercury light pole base and poles _____	3.00	_____	_____
6. Temporary service and temporary wiring installation _____	50.00	_____	_____
7. Service switch, each or alteration thereof _____			
first 200 amperes _____	50.00	_____	_____
over 200 amperes – additional per 100 amps or a fraction thereof _____	10.00/100 amps	_____	_____
8. Range, oven, clothes dryer, dishwasher, disposal, water heater _____	5.00	_____	_____
9. Residential gas, oil, and electrical furnaces _____	5.00	_____	_____
10. Air conditioners, refrigeration unit _____	5.00	_____	_____
11. Combination heating and air conditioning unit up to 5 ton _____	10.00	_____	_____
over 5 ton _____	20.00	_____	_____
12. Feeder, subfeeder, and raceway – per 100 ampere capacity or fraction thereof _____	5.00/100 amps	_____	_____
13. Each motor, per HP or fraction thereof _____	50/HP – 1.00 Min.	_____	_____
14. Dispenser, - gasoline, fuel oil, permanent vending machines, and well pump _____	6.00	_____	_____
15. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace _____	.50/KW	_____	_____
16. Electric unit heating device (including remote thermostat) _____	2.00	_____	_____
17. Swimming pool (electrical wiring and grounding) _____	25.00	_____	_____
18. Sign – fluorescent, neon or incandescent _____	15.00	_____	_____
19. Strip lighting, plug-in strip, trolley duct wire-way, gutter _____	.50/Ft.	_____	_____
20. Hydro massage and hot tubs _____	10.00	_____	_____
21. Fire alarm system _____	15.00	_____	_____
22. Exit lighting system _____	15.00	_____	_____
23. Approved assemblies not included above and others _____	25.00	_____	_____
24. Other (Specify) _____	25.00	_____	_____

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

UNIFORM
PLUMBING PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED _____ CONSTRUCTION _____ ELECTRICAL _____ HVAC _____ OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____ EST. _____

PROJECT DESCRIPTION _____ NEW CONSTRUCTION _____ ADDITION _____ REMODEL _____
ONE AND TWO FAMILY _____ COMMERCIAL _____

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00		_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00	_____	_____	19. Urinal	5.00	_____	_____
2. Sink (Kitchen, Mop, Etc.)	5.00	_____	_____	20. High Pressure Boiler	25.00	_____	_____
3. Dishwasher	5.00	_____	_____	21. Drinking Fountain	5.00	_____	_____
4. Garbage Grinder	5.00	_____	_____	22. Wash Fountain	5.00	_____	_____
5. Water Closet	5.00	_____	_____	23. Sanitary Building Drain			
6. Shower	5.00	_____	_____	First 75 Feet	10.00	_____	_____
7. Lavatory	5.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
8. Laundry Tray	5.00	_____	_____	24. Storm Building Drain			
9. Bath Tub	5.00	_____	_____	First 75 Feet	10.00	_____	_____
10. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
11. Floor Drain	5.00	_____	_____	25. Manhole	10.00	_____	_____
12. Sight Drain	5.00	_____	_____	26. Catch Basin	5.00	_____	_____
13. Sillcock	2.00	_____	_____	27. Other _____			
14. Water Heater	5.00	_____	_____				
15. Sump Pump	5.00	_____	_____				
16. Ejectors or Pump	5.00	_____	_____				
17. Water Softener	5.00	_____	_____				
18. Backflow Prevention Device	5.00	_____	_____				

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE
INSPECTIONS
1-800-440-1621
COMM 20.06 (a) 3.

**UNIFORM
HEATING, VENTILATING, and AIR CONDITIONING
APPLICATION**

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED CONSTRUCTION PLUMBING ELECTRICAL OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ CONTRACTORS LICENSE NO. _____

PROJECT DESCRIPTION _____ NEW CONSTRUCTION _____ ADDITION _____ REMODEL _____
ONE AND TWO FAMILY _____ COMMERCIAL _____

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT & MODIFICATIONS OF HEATING & AIR CONDITIONING EQUIPM & MISC. ITEMS

	EACH	COUNT	FEE
Gas, oil, electric and coal furnace and boiler	\$25.00	_____	_____
First 150,000 BTU	\$25.00	_____	_____
150,000 BTU	\$3/50,000 BTU	_____	_____
All Over 150,000 BTU		_____	_____
Air Conditioning	\$25.00	_____	_____
All Over 36,000 BTU		_____	_____
Fireplace and wood burning stove	\$25.00	_____	_____
Electric baseboard, wall unit and cabinet unit	\$1.25/KW	_____	_____
Duct work alteration	\$25.00	_____	_____
Other	\$25.00	_____	_____

Minimum Permit Fee _____ \$50.00

RE-INSPECTION FEE _____ \$25.00 EACH
FAILURE TO CALL FOR INSPECTION _____ \$25.00 EACH
DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	



Right-of-Way Permit

ANY QUESTIONS CONCERNING THIS PERMIT SHOULD BE DIRECTED TO THE SUPERINTENDENT OF HWYS/PUBLIC WORKS AT 715-325-8017.

Important notice: This application is for administrative purposes only. You will not receive notification or be contacted about your driveway or Landscaping unless there is a problem or if a culvert is needed. Requirement of road base material shall be installed prior to construction of new dwelling or access to any properties. All granted permits shall follow all policies and procedures of the Town of Rome. No exclusion will be granted. All concrete, asphalt paved, access driveways and landscaping shall be inspected prior to installation and a re-inspection after installation. Failure to comply with Chapter 4 may result in the driveway or landscaping having to be replaced.

Please circle:

*New Driveway: \$25, *Changing Existing Driveway: \$25, * Temporary Access: \$25,

*Landscaping: \$25, *Open Cut: \$250, *Open Cut Bond: \$5000, *After fact fee: \$500

Type of material: _____

Type of Installation: _____

Approximate Length: _____ Width _____ Cost: _____

Applicant Property Name _____

Address _____ Phone # _____

Mailing Address (if different from above) _____

Contractor Name & Address (if different from above)

Estimated Start Date: _____ Estimated Restoration Date _____

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Town of Rome in effect at the time of application, and with any special provisions attached hereto, and any and all plans, details or notes attached hereto and made a part thereof.

Bond Provided _____ Proof of Liability Insurance _____

*Copies of Bond and Proof of Liability Insurance shall be provided prior to acceptance of the permit.

Signature _____ Date _____

Office Use Only	
Permit # _____	Fees Paid _____
Signature _____	Date _____

TOWN OF ROME

DRIVEWAY PERMIT

FAILURE TO COMPLY WITH THIS ORDINANCE MAY RESULT IN THE DRIVEWAY HAVING TO BE REPLACED. ANY QUESTIONS CONCERNING THIS PERMIT SHOULD BE DIRECTED TO THE SUPERINTENDENT OF HIGHWAYS/PUBLIC WORKS AT 715-325-8017.

4.02 (2)(g) All driveways installed, altered, changed, replaced or extended after the affected date of this chapter shall meet the following requirements.

1. The maximum number of driveway openings for vehicular ingress and egress permitted for lots with a width less than one hundred (100) feet shall be one (1) and for lots with a width greater than one hundred (100) feet, two (2) driveway openings may be permitted with approval of the Superintendent of Highways.
2. Vehicular entrances and exits to any business, industry or public lots shall be not less than two hundred (200) feet from any pedestrian entrance or exit to a school, college, university, church, hospital, park, playground, library, public emergency shelter, or other place of public assembly.
3. Openings for vehicular ingress and egress shall not exceed thirty (30) feet at the property line and thirty-five (35) feet at the roadway for all uses except the if curb and gutter are present the maximum curb opening for all residential districts shall be twenty-five (25) feet at the roadway if applicable.
4. Driveways shall be at least ten (10) feet wide for one (1) and two (2) family dwellings, at least eighteen (18) feet for farmsteads, and a maximum of forty (40) feet at the roadway for all other uses, except the maximum curb and gutter opening for all residential districts shall be twenty-five (25) feet if applicable.
5. A driveway access will be determined by the main intersecting road. Any parcel or lot that is located on a corner will be determined by the Superintendent of Hwys/Public Works.
6. No direct private access shall be permitted to the existing or proposed right-of-way of roads, or to any controlled access arterial road without permission of the road agency that has access to control jurisdiction.
7. The surface of the driveway connecting with the roadway shall slope down and away from the road shoulder a sufficient amount and distance to precluded ordinary surface water drainage from the driveway area flowing onto the roadbed. The driveway shall not obstruct or impair drainage in the roadside and ditch areas. The surface shall be no less than a road base grade of material. The use of ditches for a driveway is not permitted.
8. If a concrete driveway is installed in the right-of-way, a fiber expansion joint must be installed at the property line. If the concrete driveway must be removed from within the right-of-way for roadway work, the property owner will be financially responsible for removal and replacement.
9. When the Town determines a culvert is necessary for proper water control, The Town will determine the size, material of the culvert and end walls.
10. The Superintendent of Highways/Public Works may grant temporary access to the above right-of-ways after review and recommendation by road agencies having jurisdiction. Such access permit shall be temporary, revocable and subject to any conditions required and shall be issued for a period not to exceed twelve (12) months.
11. Any repairs or cleaning of the roads adjacent to the installation of driveways shall be at the owner's expense. The owner may contract for the service or the Town of Rome may repair at its discretion.
12. A plot plan showing the placement of the driveway access shall be required along with the permit.
13. Any private driveway leading to a building or structure located 200 feet or more the public right-of-way shall be at least 18 feet in width; shall provide an unobstructed height through out the entire length and width of the driveway of at least 14 feet, and shall have a cul-de-sac or turn around at or near the end of the driveway with a minimum right-of-way radius of 50 feet. Greater dimensions may be required by the Superintendent of Highways if the cul-de-sac or turn around would not be sufficient so as to accommodate firefighting vehicle, apparatus and equipment that might be required to serve the property.



www.co.adams.wi.gov

OFFICE USE ONLY:

File #: _____

Date: _____

Parcel #: _____

State Sanitary #: _____

State UDC Seal #: _____

Waterfront Yes No

Critical Habitat Area: Yes No

County Zoning District: _____

Shoreland Zoning District: _____

FIRM / Flood Study Zone: _____

Airport Height Zoning: _____

Planning & Zoning Department Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

* ADDITIONAL REGULATIONS: (1) Per Sec. 6-1.06 of the Adams County Shoreland Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by September 30, 2013, unless prior to said date, NR115 as revised, requires less for compliance. (2) The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. The undersigned agrees that all work will be done in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances and with all laws of the State of Wisconsin applicable to said premises and work. (3) There may be Town or other local regulations or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.

Date: _____ Fee: _____

COUNTY USE PERMIT { Portable Restroom - Transfer Container - Limited Holding Tank } NON-PLUMBING SANITATION SYSTEM

Type: _____

NOTE: Construction must be completed within two (2) years from the issue date of this Permit.

* 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). 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. Please call the Planning & Zoning Dept. to schedule inspection(s) for your project.

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: _____ Date of Birth: _____ 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: _____

Town of: _____ Property Address (if any): _____

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

Construction Description: _____

(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)

Use: _____

(Residence, Accessory Building, Commercial, Industrial, Public etc.)

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

(Frame, Masonry, Manufactured Home, Manufactured Dwelling, etc.)

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

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

Signature of Owner or Agent: _____ Phone: _____

(Signature grants consent for Dept. staff to enter premises and *acknowledgement of notes above)

Address: _____

OFFICE USE ONLY:

Zoning: \$ _____ Comments / Conditions: _____

Sanitary: \$ _____

Building: \$ _____

Other: \$ _____

Subtotal: \$ _____

State Fee: \$ _____

Total: \$ _____

Paid (check # or cash): \$ _____

Date: _____ Approved by: _____ Date: _____

By: _____ Denied by: _____ Date: _____