



Town of Genesee
 S43 W31391 Highway 83
 P.O. Box 242
 Genesee Depot, WI 53127
 Tel: (262) 968-3656 Fax: (262) 968-3809

APPLICATION FOR A ZONING PERMIT

TAX KEY NO.: GNT

ZONING DISTRICT: _____

APPLICANT NAME, MAILING ADDRESS & DATE:

PROPERTY OWNER NAME, MAILING ADDRESS & DATE:

Printed Name

Mailing Address City State Zip

Phone Fax Email

Printed Name

Mailing Address City State Zip

Phone Fax Email

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

DESCRIBE IN DETAIL THE PROPOSED WORK TO BE COMPLETED:

EXISTING STRUCTURE(S)

Principal Structure:

Width _____ Depth _____ Height _____
 1 Story _____ 2 Story _____ Split Level _____
 No. of Bedrooms _____ No. of Bathrooms _____
 Floor Area: 1st Floor _____ 2nd Floor _____
 Garage _____ Basement _____

Accessory Structure(s):

List type of structure(s) and size: _____

Total sq. ft. s (don't include basement) _____

Size of Lot: Average Width _____ Average Depth _____ Total Square Footage _____

PROPOSED STRUCTURE(S)

Principal Structure:

Width _____ Depth _____ Height _____
 1 Story _____ 2 Story _____ Split Level _____
 No. of Bedrooms _____ No. of Bathrooms _____
 Floor Area: 1st Floor _____ 2nd Floor _____
 Garage _____ Basement _____

Accessory Structure(s):

List type of structure(s) and size: _____

Total sq. ft. s (don't include basement) _____

Three (3) COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION. The map should show (1) location and dimensions of lot, (2) location and dimensions of all existing/proposed buildings on lot and those within 50 feet of lot, (3) location and centerline of all abutting streets, (4) high water line of any water body which lot abuts, (5) location of existing/proposed wells and septic systems on lot and within 50' of lot, (6) floor elevation of proposed new buildings, (7) location of percolation tests and soil borings for new buildings. **SOIL TESTS, TWO SETS OF BUILDING PLANS AND A GRADING PLAN MAY ALSO BE REQUIRED.** APPROVAL OF THE SEPTIC SYSTEM BY THE ENVIRONMENTAL HEALTH DIVISION IS REQUIRED PRIOR TO ISSUANCE OF THE ZONING PERMIT. AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

Both of the undersigned state that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties.

Signature of Owner _____ Date _____

Signature of Agent _____ Date _____

Application (approved) (denied) by Zoning Administrator _____ Date _____

Conditions for approval or reasons for denial _____

Town Use Only

Fee Paid _____ Receipt No. _____ PSE Approved _____ BOA No. _____ PO No. _____

ZP No. _____ CU No _____ File Copy _____ BI Copy _____ Assessor Copy _____ Owner Copy _____ Agent Copy _____