



TOWN OF VERNON

W249S8910 Center Drive – Big Bend, WI 53103

Phone: (262) 662-2039 • Fax: (262) 662-3510

APPLICATION FOR A ZONING PERMIT

TAX KEY NO.: VNT ZONING DISTRICT: _____ ZONING PERMIT # _____ TOTAL COST \$ _____

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 _____
Sanitary Permit # _____

Accessory Structure(s):

List type of structure(s) and size: _____

Total sq. ft. _____

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 _____
Sanitary Permit # _____

Accessory Structure(s):

List type of structure(s) and size: _____

Total sq. ft. _____

PROPOSED SETBACKS/OFFSETS FOR PLANNED IMPROVEMENTS

	PRINCIPAL STRUCTURE(S)	ACCESSORY STRUCTURE(S)	DECKS AND PATIOS	MEASURE TO THE OVERHANG <u>ONLY</u> IF IT EXCEEDS TWO (2) FT. OTHERWISE MEASURE AS NOTED BELOW.
Road Setback				feet from the building foundation to the established road right-of-way line (base setback line).
Offset				feet from building foundation to the (N,S,E,W) _____ property line.
Offset				feet from building foundation to the (N,S,E,W) _____ property line.
Offset				feet from building foundation to the (N,S,E,W) _____ property line.
Floodplain Setback				feet from building foundation to the floodplain (FP elevation _____ datum _____).
Wetland Setback				feet from building foundation to the wetland.
Shore Setback				feet from closet point of structure to the OHWM.

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 # _____
PSE Approved _____	BOA # _____
PO # _____	
ZP # _____	CU # _____
File Copy _____	Bl Copy _____
Assessor Copy _____	Owner Copy _____
Agent Copy _____	