

Permit # _____



221 Birch St. PO Box 147 | Tigerton, WI 54486 | www.tigertonwi.com | clerk@tigertonwi.gov | 715-535-2262

Application for Zoning Permit

Please complete application and return to Village Clerk's office at 221 Birch St.

Applicant Name: _____ Date: _____

Phone: _____ E-mail: _____

Mailing Address: _____

Site Address: _____ Parcel ID: _____

Description of Lan or Lot Locations: _____

Type of Work: New Building Addition Alteration Other: _____

Zoning District: _____

Intended Use of Structure: _____

Length and Width of Lot: _____ L x _____ W

Building Dimensions: _____ ft. x _____ ft. _____ total sq. ft.

Building Height: _____ ft.

Approximate Project Cost: \$_____

Please attach a site layout drawn to scale, showing location and dimension of all proposed buildings or structures, and all required open spaces, yards, lot lines and parking or loading areas. Other information may be required by the Zoning Administrator and must be submitted upon request.

The undersigned hereby submits application for a zoning permit for the described and located as shown in this application and attachments to the application. The undersigned agrees that all such work shall be done in accordance with all the requirements of the Village of Tigerton's zoning ordinance and all other applicable ordinances of the Village of Tigerton, and the State of Wisconsin. Questions may be directed to (Zoning Administrator/clerk's office) 715-535-2262. A minimum down payment of \$40 must be submitted with all zoning permit applications.

Applicant Signature: _____ Date: _____

Office Use:

Permit application received on _____ Submitted to Zoning Admin on _____

Permit Cost: \$_____ Date Paid: _____ Permit approved on: _____ Issued on: _____

Zoning Administrator, Dan Selle: _____