

JUNEAU COUNTY PERMIT APPLICATION

Permit No. _____

Date _____

Land Use _____ **Special Exception** _____ **Building** _____

TO WHOM IT MAY CONCERN: The undersigned hereby applies for a permit to do work herein described and located as shown on the plot plan attached to this application. The undersigned agrees that all work will be done in accordance with the County Zoning Ordinance, Sanitary Code, Subdivision Control Ordinance and/or Township Ordinance and with all laws of the State of Wisconsin applicable to said premises. **TOWNSHIP PERMITS ARE ALSO REQUIRED. PERMIT VOID IF CONSTRUCTION HAS NOT STARTED WITHIN 6 MONTHS OF ISSUANCE DATE.**

Property Owner	Property Location	Parcel No.
Property Owners Address	Gov't . Lot ¼ ¼ S T R E	Subd. Name or CSM#
City, State, Zip Phone No. ()	City Village Town Nearest Road	

LOT OR PARCEL SIZE: Width _____ Length _____ Acres _____

TYPE OF CONSTRUCTION: _____
(New Building, Addition, Moving, Alteration, Filling, Dredging, Grading, Shoreline Rip-Rap)

USE: _____
(Residence, Accessory, Building, Commercial, Floodplain etc.)

ZONING DISTRICT _____ CLASS OF CONSTRUCTION _____
(Frame, Brick, Mobile, Home, etc.)

BUILDING SIZE: Width _____ Length _____ Area _____ sq. ft.

Height _____ ft. No. of Stories _____ No. of Bedrooms _____

Please attach a Building Site Map showing building and all distances or a plan that is to scale. Note: Indicate dimensions of lot and location of all existing and proposed buildings. Show location of well (W), septic tank (S), and absorption field (F). Show the direction of North. Please attach Army Corps of Engineers and/or DNR permits if required.

You are responsible for complying with State and Federal laws concerning construction near or on **WETLANDS, LAKES, AND STREAMS**. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in **REMOVAL OR MODIFICATION** of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources Wetland Identification web page at www.dnr.gov/wetlands/delineation.html or contact a Department of Natural Resources Service Center. By signing below, I acknowledge that I have received this notice.

SIGNATURE OF OWNER OR AGENT _____ Date _____
Agents Address _____

SANITARY PERMIT NUMBER _____ Date Issued _____

Special Exception Only – Work Proposed

DO NOT WRITE BELOW THIS LINE

FEES:
PRINCIPAL BUILDING _____
ACCESSORY BUILDING _____
LAND USE _____
SPECIAL EXCEPTION _____
Total Fees _____

COMMENTS OR CONDITIONS:

DATE APPLICATION APPROVED _____
DATE APPLICATION DENIED _____

SIGNED _____
ZONING ADMINISTRATOR