

Date: _____

ZONING PERMIT APPLICATION

Permit # _____



CITY OF AMERY, WISCONSIN

www.amerywi.gov

APPLICATION FEE \$75.00

- 1. Name of Applicant: _____
- 2. Applicant's Address: _____
- 3. Applicant's Telephone Number: _____
- 4. Owner of Site: _____
- 5. Owner Address: _____
- 6. Phone: ____ (____) _____ Email: _____
- 7. Architect: _____
- 8. Architect's Address: _____
- 9. Phone: ____ (____) _____ Email: _____
- 10. Engineer: _____
- 11. Engineer's Address: _____
- 12. Phone: ____ (____) _____ Email: _____
- 13. Contractor: _____
- 14. Contractor's Address: _____
- 15. Phone: ____ (____) _____ Email: _____
- 16. Description of the subject site by lot, block and recorded subdivision or by meets and bounds:

- 17. Address of subject site: _____

18. Type of Structure: _____

19. Existing and proposed operation or use of the structure or site: _____

20. Number of Employees: _____
21. Zoning District: _____
22. Is this property located in a Flood Plain or Zone? Yes No
23. Attach a copy of plat of survey prepared by a registered Wisconsin land surveyor or other map drawn to scale and showing the location, boundaries, dimensions, uses and size of the following:
- a. Subject Site
 - b. Existing and proposed structure
 - c. Existing and proposed easements, streets and other public ways
 - d. Public Utilities
 - e. Off street parking, loading areas and driveways
 - f. Existing highway access restriction
 - g. High Water
 - h. Channel, floodway and floodway boundaries
 - i. Existing and proposed street, side and rear yards
 - j. Location of high water mark of navigable waters
24. Attach a copy of the site plan and plans and specifications of proposed buildings, machinery and operations.

Except for one and two-family residences in Residential Districts, all applications for a ZONING PERMIT require site plan approval by the Plan Commission in accordance with the requirements of this section.

A ZONING PERMIT shall be granted or denied in writing by the Zoning Administrator within thirty (30) days of application and the applicant shall post such permit in a conspicuous place at the site.

The permit shall expire within six (6) months unless substantial work has commenced, or within eighteen (18) months after the issuance of the permit if the structure for which a permit is issued is not substantially completed, in which case of expiration, the applicant shall reapply for a ZONING PERMIT before commencing work on the structure.

Any permit issued in conflict with the provisions of this chapter shall be null and void.

File three (3) copies of this application for a ZONING PERMIT with the Zoning Administrator.

Completed Application Can Be Returned to The Amery City Hall with Fee at 118 Center St, Amery, WI 54001. If you have any questions regarding this zoning application please contact Kim Moore, City/Zoning Administrator.

I (We), the undersigned, do hereby make application to the Zoning Administrator for a ZONING PERMIT as requested above:

Applicant's Signature

Date

Applicant's Signature

Date

Your application for a ZONING PERMIT is **approved**.

Kim Moore, City/Zoning Administrator

Date

Your application for a ZONING PERMIT is **denied**. The reason for denying your application for a ZONING PERMIT is:

Kim Moore, City/Zoning Administrator

Date

You may appeal this decision to the Zoning Board of Appeals in accordance with "Article O" of the Zoning Code of the ordinances of the City of Amery. Forms for appeal are available through the Zoning Administrator.