

| | | |
|--|---|--------------------------------------|
| 9 South Broad Street Elkhorn, WI 53121 Office - 262-741-5124 Fax - 262-741-5135 | <h1 style="margin: 0;">ZONING PERMIT APPLICATION</h1> <h2 style="margin: 0;">CITY of ELKHORN</h2> | Permit No. Parcel/Tax Key No. |
|--|---|--------------------------------------|

| | | |
|----------------------|------------|-----------------|
| Building Type | Use | Zoning District |
|----------------------|------------|-----------------|

BUILDING SITE ADDRESS:

| | | |
|-------------------|-----------------|------|
| Owner's Name: | Mailing Address | Tel. |
| | | FAX# |
| Tenant's Name: | Mailing Address | Tel. |
| | | FAX# |
| Applicant's Name: | Mailing Address | Tel. |
| | | FAX# |

PROJECT DESCRIPTION

| | | | | |
|-------------------------|---------------------|--------------------------------|------------------------------|----------------------------|
| PROJECT LOCATION | Lot area Sq. ft. | Bldg Footprint Area Sq. Ft. | All Hard Surfaces Sq. Ft. | Green Space Area Sq.Ft. |
|-------------------------|---------------------|--------------------------------|------------------------------|----------------------------|

| | | | |
|----------------------------|------------------|---------|-----------|
| County Sanitary Permit No. | Subdivision Name | Lot No. | Block No. |
|----------------------------|------------------|---------|-----------|

| | | | | | | | |
|--|---|--------------------------------|------------------|--------------|-------------|-------------|--------------|
| Structure's Distance to High Water Mark: | Structure's Distance to 100 Year Flood Plain: | Building Height to roof peaks: | Set Backs | Front ft. | Rear ft. | Left ft. | Right ft. |
|--|---|--------------------------------|------------------|--------------|-------------|-------------|--------------|

Is this property within 1000 feet of a lake or 300 feet of a stream/river? Yes No

Are there designated wetlands on this parcel? Yes No
 If Yes – Distance to designated wetlands _____

| | | | | |
|--|--|--|---|---|
| 1. PROJECT | 2. STORIES | 3. FOUNDATION | 4. WATER | 5. SEWER |
| <input type="checkbox"/> New <input type="checkbox"/> Use Change <input type="checkbox"/> Addition <input type="checkbox"/> Detached Bldg <input type="checkbox"/> Other: <input type="checkbox"/> Fence <input type="checkbox"/> Driveway <input type="checkbox"/> Raze <input type="checkbox"/> Move | <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Multi-Story: No. _____ <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement | <input type="checkbox"/> Concrete <input type="checkbox"/> Slab <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: | <input type="checkbox"/> Municipal <input type="checkbox"/> Private On-Site Well | <input type="checkbox"/> Municipal <input type="checkbox"/> Private Wastewater Treatment County Sanitary Permit # _____ |

| | | | | | | | |
|--|---|--|---|--|--|---|--|
| 6. AREA BREAKDOWN <div style="text-align: center;">TOTAL EFFECTED AREAS</div> BUILDING AREA _____ DECK AREA _____ PORCH/STOOP AREA _____ DETACHED BLDG AREA _____ <div style="text-align: right;"> TOTAL Square Feet _____sq.ft. </div> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> 7. MULTI FAMILY BUILDINGS No. of 1 Bedroom Units _____ No. of 2 Bedroom Units _____ No. of 3 Bedroom Units _____ </td> <td style="width:50%; padding: 5px;"> MULTI TENANT BUILDINGS No. of Tenant Spaces _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 8. FIRE SPRINKLER SYSTEM <input type="checkbox"/> Wet System <input type="checkbox"/> Dry System Area Serviced Wet _____ Area Serviced Dry _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 9. ESTIMATED PROJECT COST \$ _____ </td> </tr> </table> | 7. MULTI FAMILY BUILDINGS No. of 1 Bedroom Units _____ No. of 2 Bedroom Units _____ No. of 3 Bedroom Units _____ | MULTI TENANT BUILDINGS No. of Tenant Spaces _____ | 8. FIRE SPRINKLER SYSTEM <input type="checkbox"/> Wet System <input type="checkbox"/> Dry System Area Serviced Wet _____ Area Serviced Dry _____ | | 9. ESTIMATED PROJECT COST \$ _____ | |
| 7. MULTI FAMILY BUILDINGS No. of 1 Bedroom Units _____ No. of 2 Bedroom Units _____ No. of 3 Bedroom Units _____ | MULTI TENANT BUILDINGS No. of Tenant Spaces _____ | | | | | | |
| 8. FIRE SPRINKLER SYSTEM <input type="checkbox"/> Wet System <input type="checkbox"/> Dry System Area Serviced Wet _____ Area Serviced Dry _____ | | | | | | | |
| 9. ESTIMATED PROJECT COST \$ _____ | | | | | | | |

PLAT OF SURVEY IS REQUIRED INCLUDING THE FOLLOWING INFORMATION:
 1) Location and dimensions of Lot. 2) Location and dimensions of all existing and proposed buildings on the Lot and those located within 50 feet of the Lot. 3) Location, centerline and grade of all abutting streets. 4) floor elevations of proposed new buildings. 5) High water line of any water body which abuts the Lot. 6) Location of any existing or proposed wells and septic systems on the Lot and within 50 ft of said Lot. 7) Location of any percolation tests and soil borings.

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See below for conditions of approval.

| | | | |
|---|---|--------------|--|
| PERMIT FEES: | BONDS | OTHER | PERMIT ISSUED BY: |
| Permit \$ _____ Admin Fee \$ _____ Other \$ _____ | Occupancy Bond \$ _____ Erosion Bond \$ _____ Impact Fee \$ _____ | | Name _____ Date _____ Tel. _____ Cert No. _____ |