



# TOWN OF WAUKESHA

W250S3567 Center Drive - Waukesha, WI 53189

Phone: (262) 542-5030 • Fax: (262) 542-7870

## APPLICATION FOR A ZONING PERMIT

Submit application to [inspector@townofwaukesha.us](mailto:inspector@townofwaukesha.us)

TAX KEY NO. **WAKT** \_\_\_\_\_ 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: 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> 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: 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> 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 \_\_\_\_\_

<b>TOWN USE ONLY</b>						
Fee Paid _____	Receipt # _____	PSE Approved _____	BOA # _____	PO # _____		
ZP # _____	CU # _____					
File Copy _____	BLDG INSP Copy _____	Assessor Copy _____	Owner Copy _____	Agent Copy _____		