

Village of Genoa City 755 Fellows Road Genoa City, WI 53128 262-279-6472 / 262-279-6618 fax	<h1 style="margin: 0;">ZONING</h1> <h2 style="margin: 0;">PERMIT APPLICATION</h2>	Permit No. Parcel Tax Key No.
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****All highlighted areas must be filled in by Applicant**

Building Type & Use:	<input type="checkbox"/> Final Inspection				
Zoning District:	SET BACKS:	Front Ft.	Rear Ft.	Left Ft.	Right Ft.

PROJECT SITE ADDRESS:

Owner's Name:	Mailing Address:	Tel #
		email

Contractor's Name:	Mailing Address:	Tel #
		email

PROJECT DESCRIPTION:

Type of Project: (Please Check)	<input type="checkbox"/> Elevated Deck	<input type="checkbox"/> Fence	<input type="checkbox"/> Accessory Structure (shed)
<input type="checkbox"/> New Building Addition	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Gazebo	<input type="checkbox"/> Cell Tower/Antenna
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____

Estimated Project Cost:

I agree to comply with all applicable zoning codes, statutes and ordinances and with the conditions of this permit; I 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. If one acre or more of soil will be disturbed, I understand that this project is subject to Village Ordinance Chapter 231 regarding additional erosion control and storm water management. 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. **No refunds issued after work has begun.** By applying for this permit, you are authorizing Village personnel to inspect this property within the scope of their duties.

APPLICANT (Print): _____ **Sign:** _____ **Date:** _____

APPROVAL CONDITIONS: This zoning permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Permit expires in 24 months. **See below and/or attached for conditions of approval.**

In Wetland? yes no

In Floodplain? yes no

<u>PERMIT FEES:</u>	A SURVEY MUST ACCOMPANY THIS PERMIT SHOWING THE LOCATION OF THE PROPOSED STRUCTURE.	<u>PERMIT ISSUED BY:</u>
Min. Zoning Permit Fee \$50.00/ea		Name: _____
Permit \$ _____		Date: _____
Other \$ _____		Telephone No. 262-749-9111
Total \$ _____		Cert No. _____