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| Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494 | ZONING PERMIT APPLICATION | Permit No. _____ Tax Parcel Number _____ |
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|---|---|
| Applicant – Print | E-Mail Address |
| Address, City, State, ZIP Code | |
| X | Phone No. (____) _____ Cell Phone No. (____) _____ |
| Applicant Signature | Date |
| Project Location Address, | |
| Project Legal Description | Zoning District |
| _____ 1/4 of _____ 1/4 Sec _____ T21 R _____ E | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Prospective Owner | |

| |
|---|
| Proposed Development (A general description of all proposed construction on site i.e. buildings, paving, landscaping, signs) |
| Size of building(s) |
| Use of building(s) or premise |
| Type Construction |
| Estimated Costs |

| COMPLETE THIS SECTION IF REQUESTING A CHANGE IN ZONING DISTRICTS | |
|--|--------------------------|
| Current Zoning District | Proposed Zoning District |
| Reason(s) for request | |

ATTACH A SITE PLAN WITH DIMENSIONS AND A SKETCH SHOWING THE LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS, DRIVEWAY, ADJACENT ROAD(S), SETBACKS FROM ALL LOT LINES AND ROAD RIGHT-OF-WAY

Permit Fee _____ Date Paid _____ Receipt No. _____

Approved By _____ Date _____