



APPLICATION FOR ZONING PERMIT
VILLAGE OF ROCHESTER, WISCONSIN

Table with 2 columns: Permit No., Date Issued.

Landowner Information

Name:
Address:
Phone:
Email:

Applicant Information - Check [] if same as Owner.

Name:
Address:
Phone:
Email:

Site Information

Address:
Parcel ID:
CSM No.:
Zoning Dist.:

Legal Description:

- Exist. Nonconforming Use/Structure (Ord. 35-200) - Structure's Assessed Value (Ord. 36-41): \$
Accessory Structures (Ord. 35-21) - Number: Area of Each (sq. ft.):
Select one: [] Property served by municipal sewer [] Property served by private sewage system (POWTS)
[] Property covered by Homeowners Association (HOA) - If checked, include approval letter from HOA w/application.

Proposed Construction/Use Information

- 1. Description of Proposed Construction/Use:
2. Select as Appropriate: [] New [] Addition [] Alteration [] Conversion [] Temporary
3. Select as Appropriate: [] Principal Building [] Accessory [] Deck [] Sign [] Other:
4. Size: (ft. x ft.) = ft.^2; (ft. x ft.) = ft.^2; (ft. x ft.) = ft.^2
5. Building Height: ft. Peak Ht.: ft. Eave Ht.: ft. # Units: # Stories:
6. Contractor: Est. Cost of Improvements (inc. labor) (Ord. 36-41): \$
7. Proposed Setbacks (ft.) - Street 1: , Street 2: , Side 1: , Side 2: , Rear: , Shore:
8. Location: [] Shoreland (Ord. 36-36) [] Floodplain (Ord. Ch. 37) [] Wetland (Ord. 36-23)
9. New Driveway Access Required (Ord. 6-7): [] Village - Permit # [] County - Permit #

Complete the following section only if a private sewage system serves the property:

- 1. Sanitary Permit #: Date issued Year installed
2. [] Proposed construction is an accessory structure without plumbing - Proceed to #4.
3. [] Proposed construction is a commercial facility, public building, or place of employment, and there will be a change in occupancy of the structure; or the proposed modification affects either the type or number of plumbing appliances, fixtures or devices discharging to the system.
[] Proposed construction is a dwelling, and the proposed addition/alteration changes the number of bedrooms.
• If either box in #3 is checked, documentation must be submitted to verify that the system can accommodate a modification in wastewater flow or contaminant load, pursuant to SPS § 383.25(2)(d).
4. [] Construction will interfere with setback requirements to private sewage system per SPS § 383.43(8)(i).
• If checked, provide variance approval date:
5. [] New sanitary permit has been issued to accommodate the structure or proposed modification in wastewater flow or contaminant load, and/or County sanitary approval granted.
6. [] Sanitary system complies with all other local, county, and state requirements. (Comments required if unchecked.)
7. Comments:
8. POWTS Inspector's Signature: Date:

License #:

