



AGENCY USE ONLY

Application Number: _____
Received By – Date (MM/DD/YYYY): _____
Town of: _____
Permit Fee: _____

ZONING SITE PERMIT APPLICATION FORM

PLEASE COMPLETE THE FIRST TWO PAGES OF THIS FORM
INCLUDE A SITE PLAN WHICH CONTAINS ALL INFORMATION AS IDENTIFIED ON PAGE TWO

1. Proposed/existing building/accessory building and use is consistent with Town Comprehensive Plan: Yes No
2. Lot is located in a Farmland Preservation zoning district certified by the State of Wisconsin: Yes No
3. Proposed/existing building/accessory building and use meets Town Base Farm Tract and any other applicable Farmland Preservation zoning district requirement: Yes No
4. A Conditional Use Permit (CUP) has been issued for the lot: Yes No Unsure
If you answered **Yes**, identify Permit Number: _____ and proceed to **5**. If you answered **No** or **Unsure**, proceed to **6**:
5. Proposed/existing building/accessory building and use meets CUP requirements: Yes No Unsure
6. Scope of work as identified in the Zoning Site Plan consists of: New construction Addition Alteration
of/on a: Building Accessory Building Pool or Deck

APPLICANT INFORMATION

7. LANDOWNER OR AUTHORIZED LANDOWNER REPRESENTATIVE

Name:		Telephone:	
Address:	City:	State:	Zip:
E-mail:			

8. AGENT (i.e. Builder, Contractor, etc)

Name:		Telephone:	
Address:	City:	State:	Zip:
E-mail:			

9. Identify the individual from **7.** or **8.** that will serve as the primary contact: LANDOWNER AGENT

LOT INFORMATION

10. Sub-division name: **Not applicable** 11. Lot number: **Not applicable**
12. Lot location:

	Town of	1/4 of	1/4
	Section	Tax parcel number (s) -	
13. Road/Street name: _____ 14. Lot area (Square feet or acres): _____ 15. Lot dimensions (Feet): _____ X _____
16. Lot is within/contains a (check all that apply): Floodplain Shoreland Wetland None
17. Lot is adjacent to (check all that apply): Local/Town road County highway State highway U.S. highway
18. Lot is within the Rock County Airport Overlay Zoning District: Yes No
19. A driveway permit has been issued for the lot: Yes No If you answered **Yes**, include a copy.
20. A sanitary permit has been issued for the lot: Yes No If you answered **Yes**, include a copy.

APPLICATION SITE PLAN REQUIREMENTS

21. Please include a Site Plan, prepared using the Rock County Internet Geographic Information System (www.co.rock.wi.us/planning-gis-maps-data), if possible, and containing all required information, including where applicable:

- | | | |
|---|--|---|
| <input type="checkbox"/> Approximate location and dimension of lot lines | <input type="checkbox"/> Bounding streets | <input type="checkbox"/> Existing Buildings |
| <input type="checkbox"/> Outline of project area | <input type="checkbox"/> Building Setback Lines | <input type="checkbox"/> Driveway Location |
| <input type="checkbox"/> Identification and approximate location of Environmentally Sensitive Areas (e.g. steep slopes, wetlands, hydric soils, cultural resources, productive agricultural soils, woodlands) | <input type="checkbox"/> Floodplain Boundary | <input type="checkbox"/> Rock County Airport Overlay Zoning District Boundary |
| | <input type="checkbox"/> Location of Septic System | <input type="checkbox"/> Location of Well |

A BRIEF DESCRIPTION OF PROJECT

FOUNDATION SURVEY REQUIREMENT

Various sections of the Rock County Code of Ordinances require that a survey be completed to document that Ordinance standards are met. This could include, for example, horizontal measurements for property line setbacks or vertical/elevation measurements to determine that the structure is properly flood proofed. If a survey is required, it is the permit applicant's responsibility to hire a private surveyor to complete the work and provide the information to the P&D Agency or other necessary entities. The cost of this survey is not included in the permit fee. A determination of whether a survey is required will be made at the time of application.

OTHER PERMIT REQUIREMENTS

Depending on the scope and nature of the proposed projects, additional permits may be required from other local, state and/or federal entities. County staff will make all efforts to guide an applicant through the process, however it is the obligation of the applicant to obtain all necessary permits. Specifically, with the exception of residential construction subject to a Unifrom Dwelling Code Permit, a Rock County **Construction Site Erosion Control Permit and/or Storm Water Management Permit** may be required for land disturbing activity greater than 4,000 square feet. Please contact Chris Murphy at the Rock County Land Conservation Department for further details at 608-289-0877.

APPLICANT STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for a Zoning Site Permit or am serving as the primary contact for said landowner. I do hereby verify that I have reviewed and completed this application form, and submitted all information as required per this form, and that all information is correct, accurate, and true to the best of my knowledge and belief, with all information accessible to me.

LANDOWNER OR AGENT SIGNATURE: _____

DATE: _____

AGENCY REVIEW

1. Lot is within/contains a (check all that apply):
 Airport Height Overlay **Floodplain** **Floodway** **Floodfringe** **Shoreland** **Wetland** **None**
 If you answered **Airport Height Overlay, Floodplain, Floodway, Floodfringe, Shoreland, or Wetland**, complete **2. – 11** if **applicable**. If you answered **None**, proceed to **12**.

2. Proposed/existing building/accessory building and use conforms with all applicable ordinances and regulations above:
 Yes **No**

3. Scope of work as identified in the Building Site Plan consists of: **New construction** **Addition** **Alteration**
 of/on a: **Building** **Accessory Building** **Pool or Deck**

4. Shoreland Zoning Impervious Surface Standard Maximum allowable impervious surface is 15% of lot area, or 30% with approve mitigation plan. <input type="checkbox"/> Does not apply	4a.	Maximum Impervious Surface:	square feet
	4b.	Existing Impervious Surface:	square feet
	4c.	Additional Impervious Surface:	square feet
	4d.	New Total Impervious Surface:	square feet

5. Mitigation Required (Shoreland Only): **Yes** **No** If yes, additional planning is required.

6. Floodplain Zoning Elevation Standards The first floor of residential structures must be a minimum of two feet above the Regional Flood Elevation (RFE). Basement or crawlspaces may be at the RFE if floodproofed. Fill must extend fifteen feet around a residential structure to an elevation of at least one foot above the RFE. Accessory structures may be placed up to two feet below RFE. Additional floodproofing standards apply.	6a.	Regional Flood Elevation:	feet
	6b.	Minimum building elevation:	feet
	6c.	Minimum basement floor elevation:	feet
	6d.	Minimum elevation of fill around structure:	feet

7. Equalized assessed value of applicable improvement: \$	8. 50% of equalized assessed value: \$
9. Estimated cost of scope of work: \$ or % of value.	10. Remaining balance for future work: %

11. Maximum height permissible in Airport Height Overlay District: _____ feet Does not apply

12. Is this lot subject to Pre-planned Lot requirements as recorded with CSM or Subdivision Plat? **Yes** **No**

13. Driveway permit issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Sanitary permit issued: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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15. Compliant with Town MOA, if applicable? **Yes** **No** **Not applicable**

AGENCY ACTION

16. Agency action: **Approve** **Deny**

17. A Conservation Easement will be required: **Yes** **No**
 If you answered **Yes**, please identify the easement type:
 Natural Resources and Open Space **Agricultural Resources** **Cultural Resources**

18. Agency comments or conditions of approval:

AGENCY SIGNATURE: _____ TITLE: <u>Administrator - Rock County Planning,</u> <u>Economic & Community Development Agency</u>	DATE: _____
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