



COUNTY OF KENOSHA

Department of Planning and Development

19600 - 75th Street, Post Office Box 520

Bristol, Wisconsin 53104-0520

Telephone: (262) 857-1895

Facsimile: (262) 857-1920

ZONING PERMIT APPLICATION

Owner _____ Date _____

Mailing Address _____ Phone # _____

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO DO THE WORK HEREIN DESCRIBED, AND AS SHOWN ON THE REQUIRED SITE PLAN FORM OR ATTACHED REGISTERED SURVEY HEREOF, AND HEREBY AGREES THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL THE LAWS OF THE STATE OF WISCONSIN AND ALL THE ORDINANCES OF THE COUNTY OF KENOSHA, APPLICABLE TO THE FOLLOWING DESCRIBED PREMISES:

Parcel No. _____ Zoning District(s) _____

Property Address _____

Subdivision Name _____ CSM # _____ Lot _____ Block _____ Unit _____

STRUCTURE DESCRIPTION	TYPE OF CONSTRUCTION	SIZE (L' @ H')	SIZE (L' x W')	AREA (sq feet)	HEIGHT (feet)	# OF STORIES

Contractor _____

Address _____

Phone # _____

Agent _____

Address _____

Phone # _____

For Office Use Only

Permit No. _____

Foundation Survey Due Date _____

Waiver of Liability Due Date _____

Board Of Adjustments Approval Date _____

Conditional Use Permit Approval Date _____

Sanitation Approval _____

Receipt # _____ Check # _____

Amount _____

THIS ZONING PERMIT IS ISSUED SUBJECT TO:

1. ANY FEDERAL, STATE OR LOCAL RESTRICTIONS AND/OR DEED RESTRICTIONS.
2. EACH APPLICANT FOR A ZONING PERMIT IS CHARGED WITH KNOWLEDGE OF THE COUNTY ZONING ORDINANCE. COPIES OF THE TEXT OF THIS OR PORTIONS THEREOF AND COPIES OF THE OFFICIAL ZONING MAPS ARE AVAILABLE FOR SALE, COPYING OR INSPECTION UPON REQUEST. ANY STATEMENT MADE, SITE PLAN SUBMITTED, ASSURANCE GIVEN OR PERMIT ERRONEOUSLY ISSUED CONTRARY TO THIS ORDINANCE IS NULL AND VOID.
3. THIS PERMIT SHALL EXPIRE EIGHTEEN (18) MONTHS FROM DATE OF ISSUANCE.

4. REMARKS: _____

NOTICE: YOU ARE RESPONSIBLE FOR COMPLYING WITH STATE AND FEDERAL LAWS CONCERNING CONSTRUCTION NEAR OR ON WETLANDS, LAKES, AND STREAMS. WETLANDS THAT ARE NOT ASSOCIATED WITH OPEN WATER CAN BE DIFFICULT TO IDENTIFY. FAILURE TO COMPLY MAY RESULT IN REMOVAL OR MODIFICATION OF CONSTRUCTION THAT VIOLATES THE LAW OR OTHER PENALTIES OR COSTS. FOR MORE INFORMATION, VISIT THE DEPARTMENT OF NATURAL RESOURCES WETLANDS IDENTIFICATION WEB PAGE <http://dnr.wi.gov/wetlands/locating.html> OR CONTACT A DEPARTMENT OF NATURAL RESOURCES SERVICE CENTER (262) 884-2300.

Date Permit Issued _____

THE UNDERSIGNED HEREBY ATTESTS THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND HAS RECEIVED THE ABOVE NOTICE.

Director of Planning Operations _____

Owner/Agent _____

Date _____

PLAT OF SURVEY

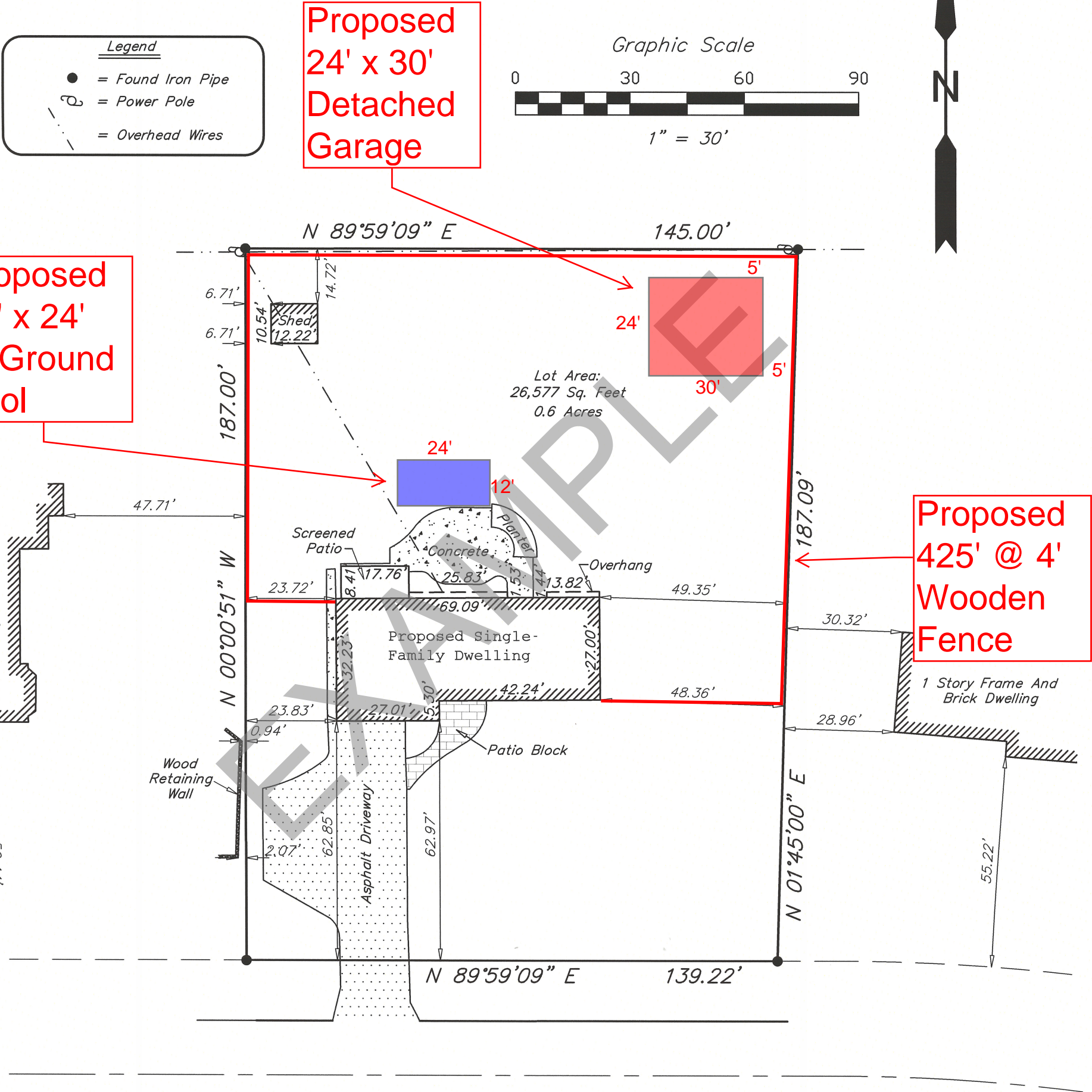
PROPERTY ADDRESS: 1111 xxxxxxxxx Trail, xxxxxxxxx, Wisconsin

LEGAL DESCRIPTION: Lot 15 Block 8 in xxxxxxxxx, being a subdivision of part of the NE 1/4 of Section xx, Town x North, Range xx East, City of xxxxxxxxx, xxxxxxxxx County, Wisconsin.

August 18, 2011

Survey No. 11012

Prepared For: xxxxxxxxxxxxxxxx



Cumberland Trail
(60' R.O.W.)

John's Surveying LLC
John Doe, Registered Land Surveyor
10001 Measurement Dr.
Anytown, WI 54321
Phone: 608-555-1234



I HEREBY CERTIFY THAT I HAVE SURVEYED THE ABOVE DESCRIBED PROPERTY AND THAT THE ABOVE MAP IS A TRUE REPRESENTATION THEREOF AND SHOWS THE SIZE AND LOCATION OF THE PROPERTY, ITS EXTERIOR BOUNDARIES, THE LOCATION OF ALL VISIBLE STRUCTURES AND PRINCIPAL BUILDINGS THEREON, BOUNDARY FENCES, APPARENT EASEMENTS, ROADWAYS AND VISIBLE ENCROACHMENT, IF ANY. THIS SURVEY IS MADE FOR THE EXCLUSIVE USE OF THE PRESENT OWNERS OF THE PROPERTY, AND ALSO THOSE WHO PURCHASE, MORTGAGE, OR GUARANTEE THE TITLE THERETO WITHIN ONE (1) YEAR FROM THE DATE HEREOF.

Signed _____
John Doe
Registered Land Surveyor