



AGENCY USE ONLY

Application Number: \_\_\_\_\_  
Received By - Date  
(MM/DD/YYYY): \_\_\_\_\_  
Town of: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_

# ZONING/BUILDING SITE PERMIT APPLICATION FORM

PLEASE COMPLETE THE FIRST TWO PAGES OF THIS FORM

INCLUDE A BUILDING 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 Building 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: _____	11. Lot number: _____	
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): <input type="checkbox"/> Floodplain <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> None		
17. Lot is adjacent to (check all that apply): <input type="checkbox"/> Local/Town road <input type="checkbox"/> County highway <input type="checkbox"/> State highway <input type="checkbox"/> U.S. highway		
18. Lot is within the Rock County Airport Overlay Zoning District: <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. A driveway permit has been issued for the lot: <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered <b>Yes</b> , include a copy.		
20. A sanitary permit has been issued for the lot: <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered <b>Yes</b> , include a copy.		

## APPLICATION SITE PLAN REQUIREMENTS

**21.** Please include a Building Site Plan, prepared using the Rock County Internet Geographic Information System (<https://rockcountylio.maps.arcgis.com/home/index.html>), 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.

## APPLICANT STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for a Building 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.  
 **Does not apply**

<b>4a.</b>	Maximum Impervious Surface:	square feet
<b>4b.</b>	Existing Impervious Surface:	square feet
<b>4c.</b>	Additional Impervious Surface:	square feet
<b>4d.</b>	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 at RFE. Additional floodproofing standards apply.

<b>6a.</b>	Regional Flood Elevation:	feet
<b>6b.</b>	Minimum building elevation:	feet
<b>6c.</b>	Minimum basement floor elevation:	feet
<b>6d.</b>	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:  **Yes**  **No**

**14.** Sanitary permit issued:  **Yes**  **No**  **Not applicable**

**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:** Administrator - Rock County Planning,  
Economic & Community Development Agency

**DATE:** \_\_\_\_\_