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OFFICE USE ONLY: {Document Revised 03-15-12}

Planning & Zoning Department
Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

Date: FILE #:
Parcel #: County Zoning District:
State Sanitary #: Shoreland Zoning District:
State UDC Seal #: FIRM / Flood Study Zone:
Waterfront Yes No Airport Height Zoning:

\* ADDITIONAL REGULATIONS: (1) Per Sec. 4-2.05 of the Adams County Shoreland, Wetland and Habitat Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by July 1, 2015. (2) The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

\* SETBACKS: All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances, and with all laws of the State of Wisconsin applicable to said premises and work.

CIRCLE ONE: BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: Phone:
{First} {Middle Initial} {Last}

Mailing Address:

Property Description:

Gov. Lot: or 1/4, 1/4, Sec. T N, R E

Lot: ; Block: ; Addition: ; Subdivision:

Town of: Property Address (if any):

Lot / Parcel Size: Width: Length: Acres / Sq. Ft.:

Construction Description:

Use: (New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitary, etc.)

Type of Construction (if Manufactured Home, list year): (Residence, Accessory Building, Commercial, Industrial, Public etc.)

(Frame, Masonry, Manufactured, Pole, etc.)

Building Description: Width: Length: Area: Sq. Ft.

Height: No. of Stories: No. of Bedrooms:

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER ACKNOWLEDGES: (1) THAT THEY HAVE READ \*NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: Phone:

Printed Name: Cell #:

Address:

OFFICE USE ONLY:

Zoning: \$ Comments / Conditions:

Sanitary: \$

Building: \$

Other: \$

State Fee: \$

Total: \$

Paid (check # or cash): \$

Date: Approved by: Date:

By: Denied by: Date:

