



# Town of Grand Rapids

2410 48<sup>th</sup> Street South  
 Wisconsin Rapids, WI 54494  
 Ph: (715) 424-1821 • Fax: (715) 424-0688

## Zoning Permit Application **\$50 Application Fee (\$125 for Mobile Tower Siting)** (no fee where building permit is also required)

### For Office Use Only

Date:	Parcel #:	Zoning District:	Application Fee:	Permit #:
			Application Fee Paid? (Y/N): ____	Required to go to Plan Commission? (Y/N): ____

**PLEASE PRINT CLEARLY & FILL OUT COMPLETELY (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL PAGES)**

### Applicant Information:

Applicant Name:	Address, City, State and Zip:	Phone Number:
Owner Name (if Different from Applicant):	Owner Address, City, State, and Zip (if applicable):	Owner Phone Number (If applicable):

### Property Information:

Location Address, City, State, and Zip:		
Parcel Size: (in Acres or Sq. Ft.):	Corner Lot? ____ yes ____ no	Existing Road Access? ____ yes ____ no
Current Use:		
Proposed Use:		
Neighboring Uses:		
Describe On-Site Parking:		
Describe Existing or Proposed Fencing/Screening:		

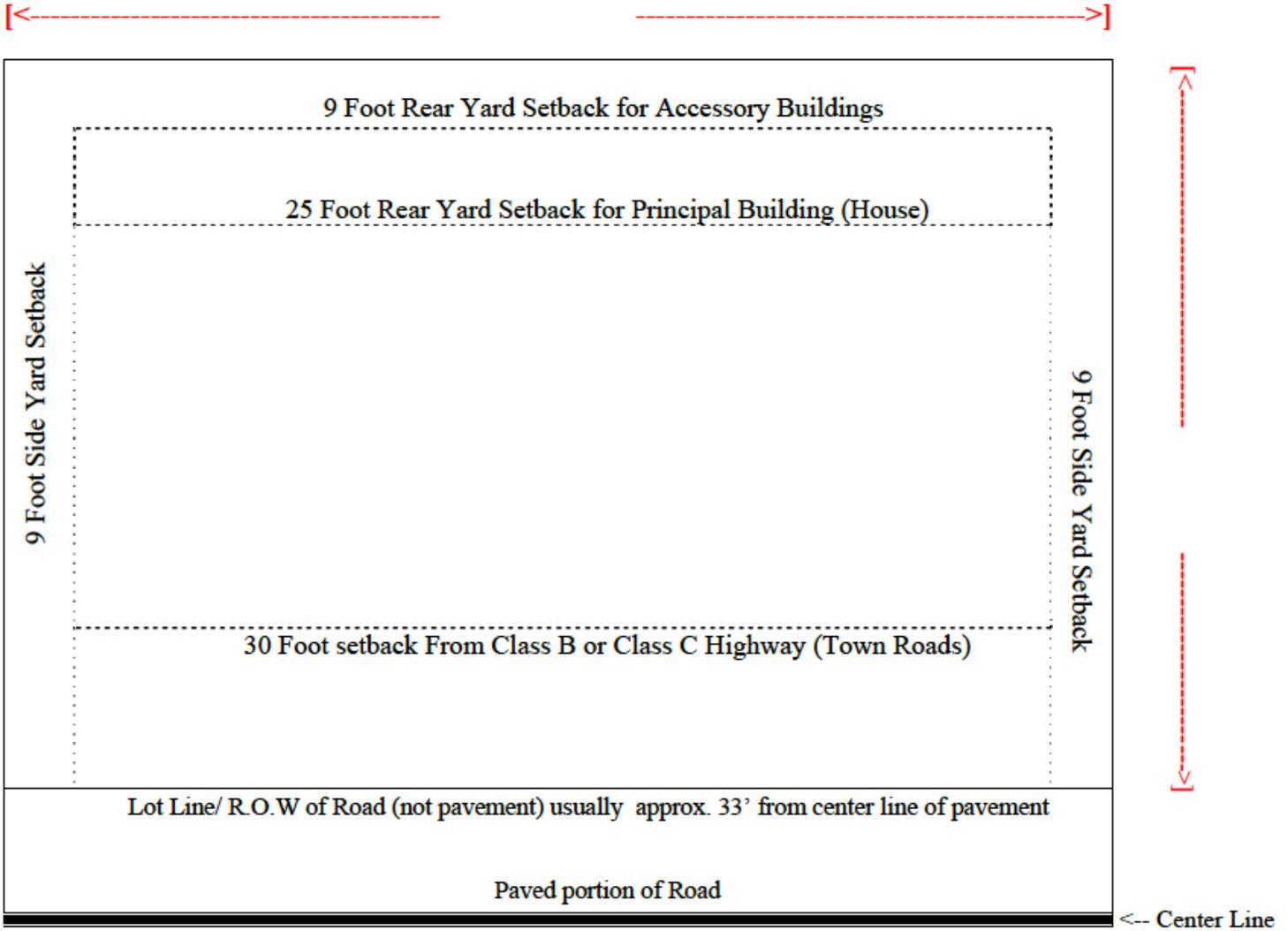
### Planned Construction/Site Improvements:

Existing Structures on Parcel:	Proposed Structures:
List Site Improvements Planned:	
Building Description: Width: _____ Length: _____ Area: _____ Sq. Ft. No. of Bathrooms: _____ Height: _____ No. of Stories _____ No. of Bedrooms: _____	
Type of Construction (Frame, Masonry, Manufactured, Pole, etc.):	
Are <b>Building Alterations</b> planned? ____ yes ____ no (if yes, attach site plan and floor plans)	
Are <b>Additions</b> planned? ____ yes ____ no (if yes, attach site plan and floor plans)	
<u>If you answered "yes" to either of the above, please complete the following questions:</u>	
Are building alterations or additions proposed within the building setback area? ____ yes ____ no (if yes, include specific setback measurement showing distance from center of road)	
Are building alterations or additions proposed to an accessory structure which exceeds the height regulations of the applicable district? ____ yes ____ no	

**Operational Information (where applicable):**

Hours of Operation:	Number of Employees:
Traffic Generation:	Additional Waste Generated?

**PLOT PLAN**      \*Applicant shall check property Certified Survey Map (CSM) to certify exact dimensions



I certify that I have read this application and state that the above information is correct and that I am the owner or authorized by the owner. I understand that I am subject to all applicable codes, statutes and ordinances or homeowner's association restrictions, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality. I expressly grant permission to the Zoning Administrator and Plan Commission members, as individuals, or as a quorum to visit the property in order to gather evidence to aid in their decision. I understand that I or my Agent must be present at the Plan Commission meeting at which the permit is considered.

**Applicant (Sign):** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_