

IRON COUNTY APPLICATION FOR
IRON COUNTY PERMIT

FILE NO. _____

DATE _____

NOTES

Conditional Use _____ Land Use _____ Sanitary _____ Inspection _____ Variance _____ Soil Test Review _____

TO WHOM IT MAY CONCERN: The undersigned hereby applies for a permit to do work herein described and located as shown on the front of this application. The undersigned agrees that all work will be done in accordance with the County Zoning Ordinance, Sanitary Code, and/or Subdivision Control Ordinance and with all laws of the State of Wisconsin applicable to said premises.

OWNER OF PROPERTY _____ Mailing Address: _____

LOCATION: _____ 1/4 _____ 1/4, Section _____, T _____ N, R _____ E (or) W, Township _____

Subdivision Name: _____ Nearest Road, Lake, or Landmark: _____

LOT SIZE: Width _____ Length _____ Acres _____ Tax Parcel # _____

CONSTRUCTION: _____
(New Building, Addition, Moving, Alteration, Well or Sanitation)

USE: _____ Approximate Cost _____
(Residence, Accessory Building, Commercial, etc.)

ZONING DISTRICT: _____ CLASS OF CONSTRUCTION: _____
(Frame, Brick, Mobile Home, etc.)

BUILDING SIZE: Width _____ Length _____ Area _____ sq.ft.

Height _____ ft. No. of Stories _____ No. of Bedrooms _____ No. of Occupants _____

I (we) acknowledge it is my (our) primary responsibility for the code compliance and reasonable care in construction of this permitted land use. This permit is not to be construed as establishing legal responsibility for construction or design by issuing agent.

SIGNATURE OF OWNER OR AGENT _____

Agent's Address _____

Sanitary Permit No. _____ Perc. Rate _____ in _____ minutes. Septic Tank Size _____ gallons

Effluent Disposal Size _____ sq. ft. Soil Depth to Ground Water if less than 8 feet _____ feet.

LICENSED PLUMBER: _____ License No. _____

Draw on separate sheet of paper _____ Plot Plan
if not adequate space here DO NOT WRITE BELOW THIS LINE

COMMENTS OR CONDITIONS

FEES: Checks payable - Iron County Treasurer

Date Approved _____ Denied _____

Conditional Use \$ _____

_____ Clerk

Land Use _____

Town of _____

Sanitary _____

Variance _____

Inspection _____

Soil Test Review _____

Date application approved _____

Total Fee \$ _____

Date application denied _____

INSPECTION RECORD:

Site _____

SIGNED: _____

Final _____

ZONING COMMITTEE OR ZONING ADMINISTRATOR