Village of Eagle
820 E. Main St. • P.O. Box 295
Eagle, WI 53119

For Inspection Call:
(262) 594-5134

Application for Zoning Permit

Fee Pd. $_____ (See fee schedule) Receipt No. _____
Application No. _____ Zoning Permit No. _____

Zoning District: _____ Tax Key # _____
Owner: _____ Contractor: _____
Address: _____ Address: _____

Daytime Phone No. (_____)_____ Daytime Phone No. (_____)_____
Address of Premises (if different from above) _____
Legal Description: _____
Detailed description of proposed work to be completed and intended use: _____

Type of existing structures on the lot and their use _____
Approximate cost of project (including labor and materials): $_____Non-conforming percentage _____

EXISTING

Sanitary Facilities: Sewer _____ Leach Bed _____
Dry Well _____ Holding Tank _____
Mound System _____ Other _____
Type of Water Supply: Private _____ Other _____
Non-Conforming Structure: Y _____ N _____
Structure Size: Width _____ Depth _____
Height _____
Structure Style: 1 Story _____ 2 story _____Split Level _____
Number of Bedrooms: _____ Number of Bathrooms _____
Floor Area: 1st Floor _____ 2nd Floor _____
Garage: _____ Basement _____
Other: _____
Total Sq. Ft. (all bldgs.) _____
Size of Lot: Average Width _____ Average Depth _____

PROPOSED

Sanitary Facilities: Sewer _____ Leach Bed _____
Dry Well _____ Holding Tank _____
Mound System_____ Other _____
Sanitary Permit No. (for new construction) _____
Type of Water Supply: Private _____ Other _____
Structure Size: Width _____ Depth _____
Height _____
Structure Style: 1 Story _____ 2 Story _____ Split Level _____
Number of Bedrooms _____ Number of Bathrooms _____
Floor Area: 1st Floor _____ 2nd Floor _____
Garage: _____ Basement _____
Other: _____
Total Sq. Ft. (all bldgs.) _____
Total Area (excluding established road row) _____

Location of Structure (including proposed additions) on lot. Measure to overhang only if it exceeds 2 feet.

Setback _____ feet from Building foundation to centerline of road.
Setback _____ feet from Building foundation to established road right-of-way (Base Setback line)
Offset _____ feet from Building foundation to _____ property line.
Offset _____ feet from Building foundation to _____ property line.
Offset _____ feet from Building foundation to _____ property line.
Shore setback _____ feet from building foundation to ordinary high water mark.
Floodplain/Wetland/Conservancy setback _____ feet from Building foundation to 100 year floodplain or C-1 (_____ 'elev).

A copy of the percolation tests and soil borings, the sanitary permit no. for new septic installations and three copies of a site plan must be submitted with this application. This site plan must be an accurate map, drawn to scale (survey preferred), showing the following: 1) Location and dimensions of lot; 2) Location and dimensions of all existing and proposed buildings on the lot and those located with 50 feet of lot; 3) Location, centerline and grade of all abutting streets; 4) Floor elevation of proposed new buildings; 5) High water line of any water body which lot abuts; 6) Location of any existing or proposed well and septic systems on the lot and within 50 feet of said lot; 7) Location of any percolation tests and soil borings. **Building plans and a grading plan may also be required. Environmental health approval of septic system is required prior to issuance of zoning permit. An incomplete application form or missing information will cause delay in issuance of zoning permit, and the application may be returned for additional information. Construction must start within six (6) months and be completed within 18 months of the zoning permit date of issue.** The undersigned states that the foregoing information is true and accurate to the best of his or her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county and town will be complied with in carrying out the proposed work stated in the application; that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other permits.

Signature of owner/applicant _____ Date _____

Application (approved) (denied) by Zoning Administrator/Building Inspector _____ Date _____

Conditions for approval or reasons for denial: _____

WHITE COPY - APPLICANT • YELLOW COPY - BUILDING INSPECTOR • PINK COPY - TREASURER • GOLD COPY - CLERK