

# ZONING PERMIT

## Town of St. Germain

(PRINT THIS INFORMATION)

Date Applied \_\_\_\_\_

Permit Number \_\_\_\_\_ Town of ST. GERMAIN Owner \_\_\_\_\_ Job Site Address \_\_\_\_\_

Gov. Lot No. \_\_\_\_\_ Lot. No. \_\_\_\_\_ Section \_\_\_\_\_ Town 40 N. Range \_\_\_\_\_ E. Zoning Dist. \_\_\_\_\_ Sub. Div. \_\_\_\_\_

TO THE ZONING ADMINISTRATOR: The undersigned owner hereby applies for a permit to do work herein described and located on this application. The owner agrees that all work will comply with all St. Germain Zoning Ordinances, all other applicable Ordinances of the Town of St. Germain, and with all the laws of Vilas County and the State of Wisconsin applicable to said premises.

Upon approval of this application, the owner agrees that should a violation be found by the Zoning Administrator, said violation from date of notification will, within 30 days or sooner, be corrected at the owner's expense, otherwise, each day thereafter shall constitute a separate offense and upon conviction thereof no less than \$50.00 nor more than \$500.00 for each offense will be charged to the owner.

Signed \_\_\_\_\_ Owner or Agent  
Address \_\_\_\_\_  
Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Lot Size \_\_\_\_\_ Building Size 1) \_\_\_\_\_ 2) \_\_\_\_\_ Sq. Ft. Total \_\_\_\_\_

Construction To Be \_\_\_\_\_ Type of Construction \_\_\_\_\_  
(New, Addition, Moving, Alterations, Etc.) (Frame, Brick, Pre-Fab, Manufactured Home, Etc.)

Builder \_\_\_\_\_

Use \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ Sanitation \_\_\_\_\_ Well \_\_\_\_\_

Type of Structure/Dwelling \_\_\_\_\_ No. of Stories \_\_\_\_\_ Height \_\_\_\_\_

**USE BACK SIDE OF WHITE SHEET OF THIS APPLICATION FOR SKETCH OF PROJECT. →**

State Approved Plans Required?  Yes  No

Vilas County Sanitary Permit Required?  Yes  No

If Required, Sanitary # \_\_\_\_\_

Travelway Permit # \_\_\_\_\_

ESTIMATED COST		FEES
Building	\$ _____	\$ _____
Garage	\$ _____	\$ _____
Fire No. (if required)	_____	\$ _____
		Permit Total \$ _____
Application Approved	_____	20 _____
Application Denied	_____	20 _____
Signed _____		Zoning Administrator

Remarks \_\_\_\_\_

Reason for Denial \_\_\_\_\_

**UNDER PENALTY OF LAW, NO CONSTRUCTION IS TO BEGIN UNTIL PERMIT HAS BEEN APPROVED**

**- IMPORTANT PLEASE READ THIS -**

Building setback on federal, State and County highways to be regulated by County Zoning Administrator. Building setback on Town roads to be regulated by Town Board.

Attach or draw a sketch showing the location of the following: Buildings, septic system, water well, roads, waterway, lot lines, and the separating distances in feet from each of the aforementioned. Also indicate North.

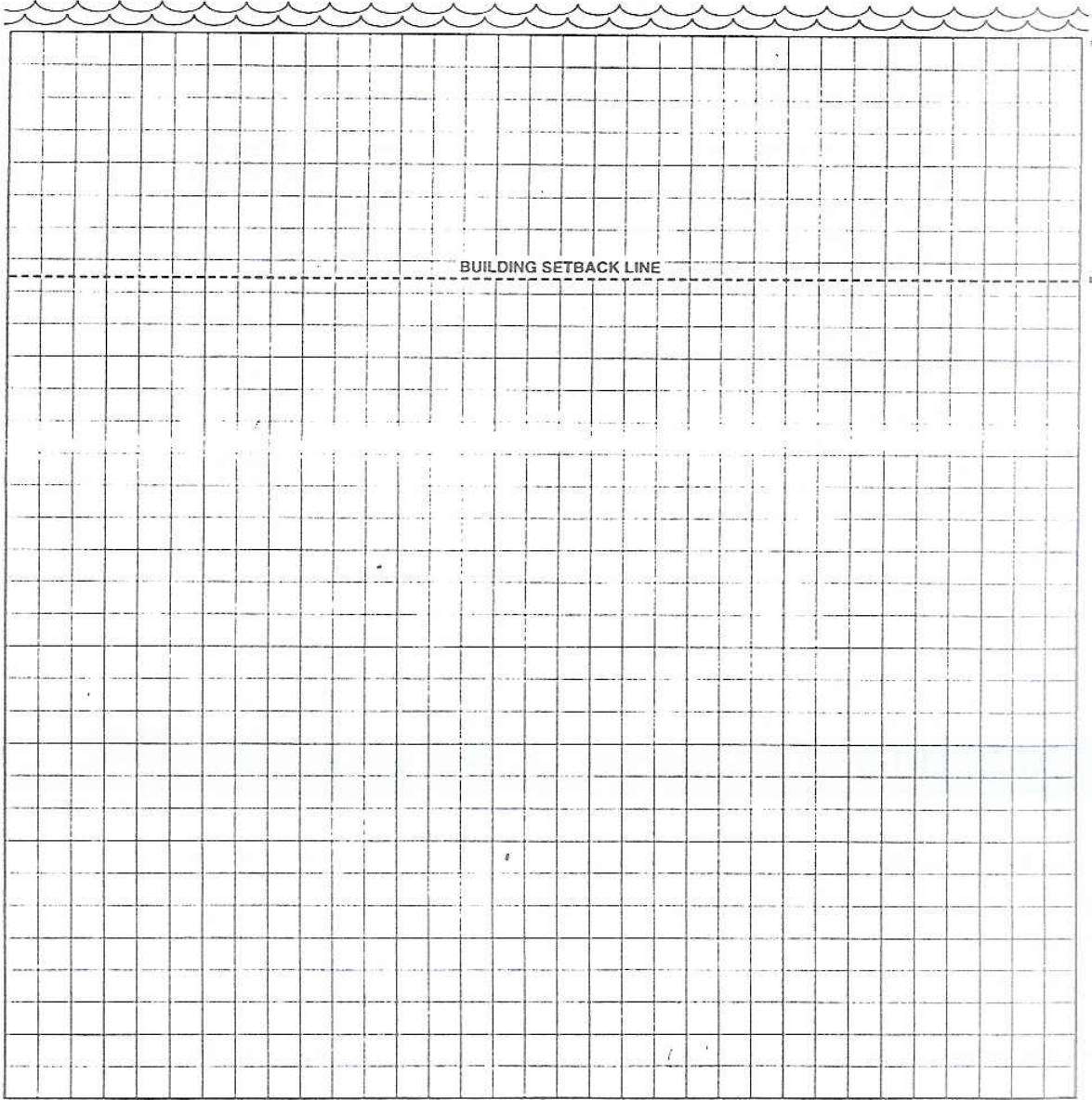
**SEWAGE DISPOSAL UNIT INFORMATION**

Effluent Distance from own well	Effluent Distance from adjacent wells		Effluent Distance from lake or stream
feet	feet	feet	feet

Indicate on lot where and which of these were used for sewage disposal

septic tank = ⊕      dry well = □      field system = *wavy lines*      bed = *diagonal lines*      water well = X

NAME OF LAKE, STREAM, OR WATERCOURSE \_\_\_\_\_



75'

INDICATE DISTANCE FROM CENTER OF HIGHWAY OR TOWN ROAD TO NEAREST STRUCTURE

I, \_\_\_\_\_, hereby certify that all of the information, measurements and drawings contained in this permit application are true and correct, and that no additions, subtractions or changes therefrom shall occur without the express written approval of the local zoning deputy and/or the county zoning administrator. Furthermore, all individuals involved in the planning, building or any installations are knowledgeable of all of the information contained herein, and I will personally inform all individuals involved to insure that all information contained herein is known to them and must be followed exactly without deviation therefrom.

Signed \_\_\_\_\_

Date \_\_\_\_\_