

**TOWN OF COON**  
**APPLICATION FOR BUILDING SITE PERMIT**

\_\_\_\_\_ BUILDING SITE PERMIT

SPECIAL USE PERMIT \_\_\_\_\_

To the Zoning Administrator. The undersigned hereby makes application for Building Site permit for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with requirements of the Zoning Ordinance and with all other applicable Town ordinances and the laws and regulations of the State of Wisconsin.

Date \_\_\_\_\_ -

Owner/Agent \_\_\_\_\_

Builder \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

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**DESCRIPTION**

**1. WORK (Check One)**

**Classifications**

New Building \_\_\_\_\_ Purpose \_\_\_\_\_

Addition \_\_\_\_\_ Purpose \_\_\_\_\_

Moving \_\_\_\_\_

Wrecking \_\_\_\_\_

**OTHER PERMITS ISSUED**

**3. Lot Size**

\_\_\_\_\_ Ft. X \_\_\_\_\_ Ft.

Sanitary \_\_\_\_\_

Area \_\_\_\_\_

Building \_\_\_\_\_

Well \_\_\_\_\_

**BUILDING DETAILS**

Type of Construction \_\_\_\_\_

Size \_\_\_\_\_ ft. wide X \_\_\_\_\_ ft. long X \_\_\_\_\_ in height

No. of Stories \_\_\_\_\_ Floor Area \_\_\_\_\_ Sq. ft.

Location \_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4 of Section \_\_\_\_\_ PARCEL # \_\_\_\_\_

One copy of the site plan must accompany this application.

Also a copy of sanitary permit or any other applicable permits. Parcel number \_\_\_\_\_

**SIGNATURE OF ZONING ADMINISTRATOR**

Estimated cost \$ \_\_\_\_\_

**SIGNATURES OF TOWN BOARD**

DATE APPROVED \_\_\_\_\_

DATE SITE PERMIT ISSUED \_\_\_\_\_

SIGNED \_\_\_\_\_

Check # \_\_\_\_\_ Amount paid \_\_\_\_\_

A building permit is also required for all new dwellings or an addition to an existing dwelling costing over \$10,000. Contact the UDC Inspector, Schmitz Inspections, LLC, at 608-487-4642 for a State Building permit.