Land Use Permit Application

Fee $100.00

Zoning, Planning & POWTS Department

307 Main Street, Suite B03, Black River Falls WI 54615
Ph: 715.284.0220 · Fax: 715.284.0220
www.co.jackson.wi.us

The applicant hereby makes application for a Land Use Permit for the premises described below. The applicant hereby grants authority to the Jackson County Zoning Department to conduct an on-site inspection of the premises for the purpose of verification of application and plot plan data. The applicant agrees that all work shall be done in accordance with all applicable County Ordinances as well as all applicable Laws, Codes and Ordinances of the local governing body and the laws and regulations of the State of Wisconsin.

PERMIT VOID IF CONSTRUCTION HAS NOT STARTED WITHIN SIX (6) MONTHS OF ISSUANCE DATE

Applicant Information:	Contractor License #:	Contractor Business Name:
Applicant Name:	License Expiration Date:	Contractor Name:
Applicant Mailing Address:	Site Address:	Contractor Address:
City, State, Zip Code:	City, State, Zip Code:	City, State, Zip Code:
Phone Number: ( )	Cellular Phone Number: ( )	Contractor Phone Number: ( )

Description of Construction:

Type of Construction:	Dimensions: Ft. wide by Ft. long	Cost of Construction:
Total Lot Size in Acres:	Height:	Number of Bedrooms:
	Total Square Footage:	Age of Manufactured Home(2): (Mobile Home)

Legal Description:

☐ City of ☐ Village of ☐ Town of	Parcel Number:
¼ of the ¼, Section , T N, R E / W	Subdivision Name:
CSM # Lot #	Block #

You are responsible for complying with State and Federal laws concerning construction near or on **WETLANDS, LAKES, AND STREAMS**. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in **REMOVAL OR MODIFICATION** of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources Wetland Identification web page at www.dnr.gov/wetlands/delineation.html or contact a Department of Natural Resources Service Center. By signing this below, I acknowledge that I have received this notice.

Signature of Property Owner	**Date Signed**

Complete the Plot Plan shown on the reverse side of this application.

For Zoning, Planning and POWTS Department Use:

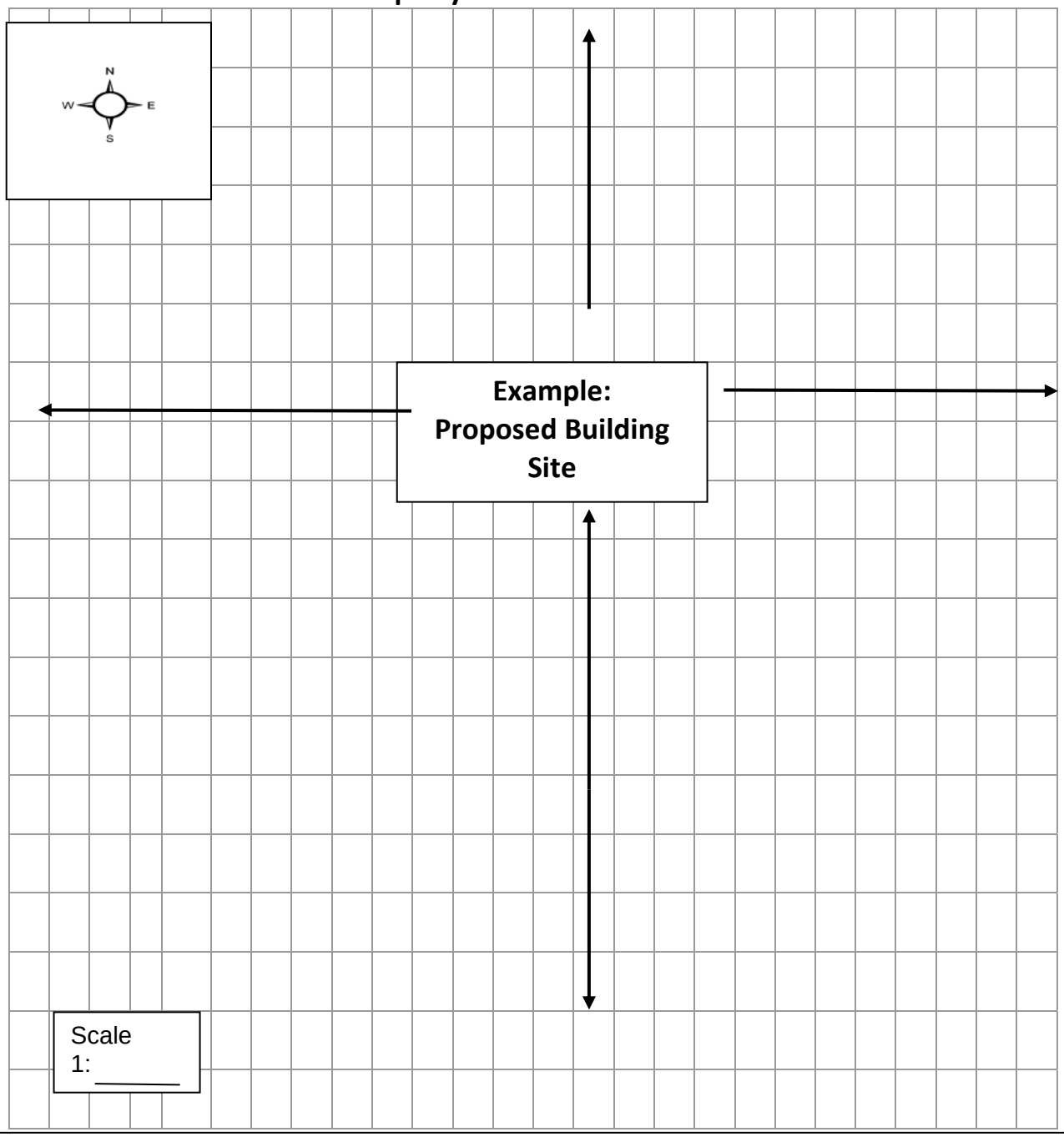
Classification: Zone District		**Date of Onsite**	
Permit Fee	**$100.00**	**Date Issued**	**Issuing Agent**
Other Permit Requirements:	**Sanitary Permits**	**Local Permits**	**State Permits**

Land Use Permit Application

Fee $100.00

Notes:

Property Site Plot Plan



Items that MUST be shown on the plot plan:

- *Driveway location and distance from lot lines.*
- *Distances from lot lines to the proposed driveway.*
- *Distance from centerline of road to proposed structure(s).*
- *Distance from existing structure(s) to proposed structure.*
- *Dimensions of the proposed structure.*
- *Distances from lot lines to the proposed structure.*
- *Distance from well to the proposed structure.*
- *Distance from septic sys to proposed structure.*
- *Distance from any river, creek, stream, pond or lake to proposed structure(s).*

Note: Home site and driveway location MUST be flagged or staked prior to a scheduled public hearing site visit or onsite inspection with the Jackson County Zoning Committee and Jackson County Zoning Department.