

# Commercial Land Use Permit Application

Fees: New/Principal Commercial \$500.00 each, Addition/Modification Commercial \$250.00 each, Sign \$200.00 each  
 New Wireless Communication \$1,000.00 each, Co-Location Wireless Communication \$500.00 each



**Zoning, Planning & POWTS Department**  
 307 Main Street, Suite B03, Black River Falls WI 54615  
 Ph: 715.284.0220 · Fax: 715.284.0238  
[www.co.jackson.wi.us](http://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

Applicant Name:

Applicant Mailing Address:

City, State, Zip Code:

Phone Number:  
(     )

Email Address:

## Contractor Information

Contractor Business Name:  
Contractor Name:

Contractor Address:

City, State, Zip Code:

Contractor Phone Number:  
(     )

Contractor License #

Expiration Date:

Email Address:

## Description of Construction:

Type of Construction:

Dimensions:  
' W X ' L X ' H

Total Square  
Footage:

Total Cost:  
\$

## Legal Description

Property Address:

Tax Parcel ID #:

Total Lot Size (Acres):

City of

Town of

Village of

¼ of the ¼, Section , T N, R E / W

Subdivision Name:

CSM #

Lot #

Block #

Lot #

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](http://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:

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

## For Zoning, Planning and POWTS Department Use:

Permit Fee:

Zoning District:

Sanitary Permit #:

On-site Date:

Issuing Agent:

Date Issued:

State Permits:

Local Permits:

Other Permit Requirements:

Notes:

