## **Application for Zoning Permit Town of Haney**

Permit #				
Permit Applicant				
Last Name		First Name		Middle Initial
Street Address				
Succe reduces				
City	State	Zip Code	Telephone #	
Project Location				
Building Location				
Legal Description				Parcel #
dwelling. <b>Project Description</b>	1		County Sanitation and Zo	_
	Residentia	1		
	Commerci	al		
	Industrial			
Type of Construction  New				(Size)
A 11'4'				(Size)
Total	Cost \$_			
Describe the projector additional work.			ailding, type of repairs, on property.	remodeling

all ordinances and permit conditions pertaining to the construction activity described in this application, and I certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief. **Applicant:** \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: **CONDITIONS OF APPROVAL:** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. □ Dwelling to be used as "short term tourist housing" (DATCP, ch.72) require a conditional use permit as of January 1, 2023. Signed Reason for not approving application: ZONING PERMIT SHALL EXPIRE WITHIN 1 YEAR UNLESS SUBSTANTIAL WORK HAS BEEN COMPLETED. Fees: □ Dwelling \$100.00 Additions \$100.00 Non-dwelling \$50.00 Town Clerk Lucy Schwem Zoning Administrator Ed Doskocil 21436 Calloway Lane 46612 County RD W Gays Mills, WI 54631 Gays Mills, WI 54631 (608) 872-2279 (608) 485-3418

I, the undersigned applicant, hereby apply for a zoning permit and agree to comply with

(Town of Haney Form H5 - 12/17/15)