

**Application for Land Use,  
Construction or Zoning  
Permit**



**2040 Spring St.  
PO Box 17  
Stockholm, WI 54769**

Permit # _____	Application Date _____	Site Inspection Date _____	Permit Expiration Date _____
ZA Approval _____	Planning Approval _____	N/A <input type="checkbox"/>	Village Board Approval _____ N/A <input type="checkbox"/>
VILLAGE USE ONLY			

**REQUESTED PERMIT:** NEW STRUCTURE (HOUSE, GARAGE, SHED)  ADDITION  ALTERATION  REPLACEMENT  SIGN  FENCE   
 DEMOLITION  REZONE  SUBDIVIDE LOT  COMBINE LOTS  ADJUST LOT BOUNDARIES  OTHER \_\_\_\_\_

TO THE VILLAGE OF STOCKHOLM: The undersigned hereby applies for a permit to do work herein described and located as shown on the attached sheet of this application. The undersigned agrees that all work will be done in accordance with the zoning ordinance and all other ordinances of the Village of Stockholm and with all laws of the State of Wisconsin applicable to said premises.

One copy of this application must be sent to the General Contractor, the applicant, and the Village Hall. Any changes in size or use of the structure require a reinspection by Zoning Administration, an amendment to this document, and a possible inspection fee.

The undersigned understand the Village of Stockholm and/or its representative(s) are not responsible for and do not determine property lines. Landowners, or interested parties, are responsible for any official survey work requested or required.

**The applicant understands that the issuance of this Land Use permit creates no legal liability, expressed or implied, on the Village of Stockholm and certifies that all information is accurate.**

**Applicant Signature:**

**Address of Site** \_\_\_\_\_ **Stockholm WI, 54769**

Applicant or Agent:		
Address		
Telephone	Email	
Property Owner:		
Address		
Telephone	Email	
<b>Property Owner Signature (required)</b>		Date
Architect:		
Address		
Telephone	Email	
License/Certificate #		
Contractor/Firm:		
Address		
Telephone	Email	
License/Certificate #	<b>Signature</b>	Date

Land Use / Zoning Permit Application

Address of Site \_\_\_\_\_ **Stockholm, WI, 54769**

Lot Size (sq ft) \_\_\_\_\_ Tax ID: 181- \_\_\_\_\_ - \_\_\_\_\_

Current Zoning: Residential-1  Residential-2  Business-1  Business-2  Agriculture-1   
 Floodplain-1  Unknown

**THE ZONING ADMINISTRATOR SHALL HAVE THE RIGHT TO REQUEST A REGISTERED LAND SURVEY OR CSM IF ONE IS NEEDED TO VERIFY THE CONDITIONS SHOWN ON THE APPLICATION.**

Plat of Survey showing the location, boundaries, dimensions, elevation uses, and size of the following: subject site, existing and proposed structures, existing and proposed easements, streets, and other public ways, off-street parking, loading areas and driveways, existing highway access restrictions, existing and proposed street, side and rear yards. In addition, the plat of survey shall show the compatibility in location, elevation and use of any abutting lands and their structures within 40 feet of the subject site.

Type of Structure \_\_\_\_\_ Current Use of Site \_\_\_\_\_

Proposed Use of Site and Structure \_\_\_\_\_

Description of Project \_\_\_\_\_

Structure: Width \_\_\_ Length \_\_\_ Height \_\_\_ #Stories \_\_\_ Square Feet \_\_\_\_\_ Cubic Feet (Comm) \_\_\_\_\_

Roof Style \_\_\_\_\_ Roof Material & Color \_\_\_\_\_

Driveway Size (W) \_\_\_\_\_ (L) \_\_\_\_\_ Surface \_\_\_\_\_ Siding Material & Color \_\_\_\_\_

Set Back from Lot Lines: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

Building Plans attached Yes  No

Public Utilities Located Yes  No  *Diggers Hotline 1-800-242-8511*

**Estimated Project Cost:** \$

Approved Conditions: \_\_\_\_\_

\_\_\_\_\_

Zoning Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

VILLAGE USE ONLY

**Asbestos Regulation Requirements:** Permits shall be issued upon receipt of a completed copy of the Wisconsin Department of Natural Resources Form 4500-113 for all projects subject to Wisconsin Admin Code, Chapter NR 477. Contact WI DNR at 608-266-3658 or 608-264-8892 the Baldwin DNR office at 715-684-2914, ext. 132 for a copy of Form 4500-113.

**ATTACH TO PERMIT APPLICATION**

**PLAN SKETCH**

Address: \_\_\_\_\_

Date \_\_\_\_\_

