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OFFICE USE ONLY:

FILE #: _____

Date #: _____

Ground Coverage {sq. ft. or %}: _____

Parcel #: _____

County Zoning District: _____

State Sanitary #: _____

Shoreland Zoning District: _____

State UDC Seal #: _____

FIRM / Flood Study Zone: _____

Waterfront Yes No

Airport Height Zoning: _____

Planning & Zoning Department
Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

* ADDITIONAL REGULATIONS: The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

* SETBACKS: All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances, and with all laws of the State of Wisconsin applicable to said premises and work.

CIRCLE ACTIVITY(S): TOWER EROSION CONTROL ZONING SANITARY BUILDING RAZING

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: _____ Phone: _____
{First} {Middle Initial} {Last}

Mailing Address: _____

Property Description:

Gov. Lot: _____ or _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E

Lot: _____; Block: _____; Addition: _____; Subdivision: _____ or CSM: _____

Town: _____ Property Address (if any): _____

Lot / Parcel Size: Width: _____ Length: _____ Acres / Sq. Ft.: _____

Ground Coverage (Buildings Only - sq. ft.): House: _____ Garage: _____ Shed: _____ Porch: _____

Acc. Bldg. (1): _____ Acc. Bldg. (2): _____ Carport: _____ Lean-to: _____ Other (What?): _____

Construction Description: _____

(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitary, etc.)

Use: _____

(RV, Residence, Accessory Building, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): _____

(Frame, Masonry, Manufactured, Pole, etc.)

Building Description: Width: _____ Length: _____ Area: _____ Sq. Ft.

Height: _____ No. of Stories: _____ No. of Bedrooms: _____

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER ACKNOWLEDGES: (1) THAT THEY HAVE READ *NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: _____ Phone: _____

Printed Name: _____ Address: _____

OFFICE USE ONLY:

Comments / Conditions:

Zoning: \$ _____ Other: \$ _____

Sanitary: \$ _____ State: \$ _____

Building: \$ _____ Total: \$ _____

Paid (check # or cash): _____

Date: _____ By: _____

Approved / Denied by: _____ Date: _____

