

LAND USE APPLICATION FOR PERMIT

Please make check payable to:

Town of Big Flats

1104 County Road C, Arkdale, WI 54613

p: 608-564-7754 e: zoning@bigflatswi.com

New construction and requested zoning changes require this permit. Applications should be filed with the Town Clerk for the Zoning Administrator at the above address and will require a **\$50 fee**. The following information is required for all applications and subject to Plan Commission approval. This form and Land Use and Zoning Ordinance can be downloaded at: www.bigflatswi.com.

1. Project Address or Location: _____

1b. Project Description and Use: _____

(Attach additional pages if more space is needed)

2. This is an application for (Check all that apply):

Land Use Permit

Conditional Use Permit

Zoning Map Amendment from _____ to _____

(Land divisions require the Land Division Application)

3. Applicant & Property Owner Information:

Applicant Name: _____ Property Owner (if not applicant): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Project Contact Person (if not applicant): _____ Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

(All information must be completed where applicable to constitute a complete application)

4. Project Information (Please provide ALL of the following):

Development Commencement: _____ Completion: _____

Letter of Intent

Site Plan sketch (project details including all lot lines, setbacks to buildings, parking, driveways, property improvements).

Building Elevation drawings, floor plans and square footage.

Filing Fee (Make checks payable to Town of Big Flats Treasurer).

Proposed building site must be staked prior to inspection.

5. Applicant's Signature and Consent: I hereby certify that the above information is accurate and I agree to comply with all applicable ordinances of the Town of Big Flats and with the conditions imposed by this application. I understand that it is my responsibility to determine if my use is subject to regulations of any other entity such as Adams County, the State of Wisconsin, or a homeowners association. I understand this form is not in itself a Land Use Permit but only an application for a Permit and is valid only with procurement of applicable approvals. The issuance of this Application creates no legal liability, express or implied, on the Town of Big Flats. Where the applicant is not the property owner, applicant's signature indicates he/she has received authorization from all property owners to submit this application. I further grant consent for department staff to enter the premises.

Applicant's or Property Owner's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Amt. Paid _____ Date Rec'd _____ Rec'd by _____ Zoning District _____ Receipt No. _____

Review Required by Plan Commission if checked

Zoning Administrator Approval _____ Date _____

REV 9/21

(Zoning Administrator signature signifies Town Board Approval)

Adams County permit(s) required *before proceeding if line is checked.*