



DODGE COUNTY

Town of Burnett

Land Use Permit Application

Application Fees

Activity No.	Permit Issued Date
	Receipt #
Application Date	Sanitary Permit #

NAMES & MAILING ADDRESSES	PROPERTY DESCRIPTION
Applicant (Agent)	Parcel Identification Number (PIN)
Street Address	Town _____ T _____ N _____ R _____ E _____
City • State • Zip Code	1/4 _____ 1/4 _____ Section _____ Acreage _____ Lot (Block) _____
Property Owner (If different from applicant)	Subdivision or CSM (Volume/Page/Lot)
Street Address	Address Of Property (DO NOT include City/State/ZipCode)
City • State • ZipCode	Is this property connected to public sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes Is this property located within a sanitary district or is the property accessible to public sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes

PRESENT PROPERTY USE	PROPOSED PROPERTY USE
<input type="checkbox"/> Vacant <input type="checkbox"/> Residence <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Multi <input type="checkbox"/> Working Farm <input type="checkbox"/> Business, Industrial, Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Vacant <input type="checkbox"/> Residence <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Multi <input type="checkbox"/> Working Farm <input type="checkbox"/> Business, Industrial, Commercial <input type="checkbox"/> Other _____

PROPOSED PROJECT					
Project #1	Dimensions	Project #2	Dimensions	Sign	Animal Units
Project <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> DWELLING <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ACCESSORY <input type="checkbox"/> DET. GARAGE/SHED <input type="checkbox"/> BARN/AG STRUCT. (See Animal Units' Box) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> RIPRAP <input type="checkbox"/> SIGN (See Sign Box) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair Length _____ Width _____ Area _____ (LthXWth) _____ Height _____ Stories _____ # Bedrooms Before _____ After _____	Project <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> DWELLING <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ACCESSORY <input type="checkbox"/> DET. GARAGE/SHED <input type="checkbox"/> BARN/AG STRUCT. (See Animal Units' Box) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> RIPRAP <input type="checkbox"/> SIGN (See Sign Box) <input type="checkbox"/> OTHER _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair Length _____ Width _____ Area _____ (LthXWth) _____ Height _____ Stories _____ # Bedrooms Before _____ After _____	Additional Info <input type="checkbox"/> Off-Premise <input type="checkbox"/> On-Premise <input type="checkbox"/> Wall <input type="checkbox"/> Ground <input type="checkbox"/> Single Sided <input type="checkbox"/> Double Sided Length _____ Width _____ Area _____ Lighted <input type="checkbox"/> YES <input type="checkbox"/> NO Moving parts <input type="checkbox"/> YES <input type="checkbox"/> NO	Complete the Animal Units Worksheet and enter the total animal units that you might keep at this facility. _____
Cost of Construction w/Labor \$ _____		Cost of Construction w/Labor \$ _____			

*** PROJECT AND PROPERTY CORNERS MUST BE STAKED ***
 "A SITE DIAGRAM IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION, SEE REVERSE SIDE FOR INSTRUCTIONS"

CERTIFICATE		
I, the undersigned, hereby certify that all the above statements and information contained on the attachments submitted herewith are true and correct to the best of my knowledge and agree that all work performed and equipment installed shall be in accordance with the Zoning Ordinance, Town of Burnett, Dodge County, Wisconsin and with all applicable laws and regulations of the State of Wisconsin and that the structure will not be used until a certificate of Zoning Compliance is obtained.		
Signature _____	Date _____	
Daytime Contact Number (_____) _____ - _____		
Zoning District _____	BOA Appeal Made _____	Land Use Administrator _____
Overlay District _____	BOA Appeal Heard _____	
	BOA Decision _____	Date _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		

SITE PLAN

INSTRUCTIONS

- (INDICATE north and ENTER the dimensions of the property.
- (SKETCH the location of the well, septic system (tank/field) and all other buildings present on the property.
- (SKETCH the location of the proposed project (include dimensions) and SHOW the shortest distance from the project to the:

- Well
- Adjacent Buildings
- Edge Of Lake/Stream/Wetland
- Septic Tank & Drain Field
- Rear & Side Property Lines
- Center (line) of Road/Highway
- Right-of-Way of Road/Highway

NOTE: When showing distances less than 300 feet, please measure and show distance to the "nearest foot" (do not estimate). Distances over 300 feet, may be estimated.

- (LABEL all abutting roads, highways, lakes, streams or wetlands.
- (LABEL the "USE" of all buildings shown.
- (SHOW the outside dimensions of all structures on the property.
- (Mark driveway location and length and width on site plan.



Width _____

Rear property line OR Edge of water or wetland

(North Arrow)

SITE PLAN