Review fee: $215.00
Complete & sign only this side of application

WINNEBAGO COUNTY
ZONING PERMIT APPLICATION

112 Otter Ave, 3rd Floor
Oshkosh, WI 54901
920-232-3344

Town of: _____ Tax Parcel No.: _____

Address of affected property: _____

Postal City: _____ **Zip** _____

Property Owner: _____

Applicant/Builder: _____

(We can fill in the information below if you're not sure)

Plat name/CSM: _____ Block _____ Lot # _____

Contact information below is for: ☐ Owner ☐ Applicant/Builder

Contact Name: _____

Mailing Address: _____

City: _____ **ST** _____ **Zip** _____

Contact Phone: _____ **Cell Phone:** _____

E-mail Address: _____

I would like to receive my permit by: ☐ E-Mail ☐ Mail

Proposed start date: _____ **Estimated Cost:** _____

Type of Construction: ☐ New ☐ Addition ☐ Alteration
☐ Other: _____

Existing Use: ☐ Vacant ☐ Single Family Dwelling
☐ Other: _____

Existing Structures: ☐ Vacant ☐ House ☐ Attached Garage ☐ Detached Garage

Other/Additional Structures: _____

Describe your building/project (structure type, size, material, etc.):

_____

_____

_____

Is there a walk-out basement?: ☐ Yes ☐ No

	1st Floor	2nd Floor	Garage	Other
Wall Hgt:				
Sq. Ft:				

Peak Height: _____ **Mid-Peak Height:** _____

Applicant must read and sign:

1. In accordance with Wisconsin State Statute 59.691, the information provided herein is to give you notice regarding potential wetlands. You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open waters can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources Wetland Identification web page http://dnr.wi.gov/topic/surfacewater/swdv or contact your local DNR office.
2. As the applicant, I hereby acknowledge notice of this wetland information.
3. As the application I hereby grant permission for County Zoning Staff to enter the property for inspection purposes.
4. As the applicant I hereby acknowledge that this permit is null & void if issued in error or if any facts are misrepresented.

Signature: _____ Date: _____

Submit application to our office with the *ORIGINAL INK* signature along with a complete site plan and the fee by mail or in person. DO NOT E-MAIL