

COUNTY PERMIT NUMBER SHP-  
DNR PERMIT NUMBER \_\_\_\_\_  
Sanitary Permit Number \_\_\_\_\_  
Previous Shoreland Permit Number \_\_\_\_\_

<b>PERMIT FEE</b>	
<input type="checkbox"/>	\$400.00 New Construction (vacant land)
<b>OR</b>	
<input type="checkbox"/>	\$450.00 Land already developed
<input type="checkbox"/>	<u>DOUBLE FEE</u> for project started w/o permit

## SHORELAND/FLOODPLAIN ZONING PERMIT

Sheboygan County Planning & Resources Department  
Administration Building, 3rd Floor  
508 New York Avenue, Sheboygan, WI 53081-4126 (920) 459-3060

Application is hereby made by the undersigned for a permit to do work as described below and in attachments hereto at the location indicated. The undersigned agrees that all work will be done in accordance with the Sheboygan County Shoreland, Floodplain, Subdivision, and Sanitary Ordinances and all other applicable ordinances of Sheboygan County and Laws of the State of Wisconsin.

### OWNER / APPLICANT

Owner(s): _____	Applicant (if different): _____
_____	_____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Daytime Phone: _____	Daytime Phone: _____

### PROJECT CONTRACTOR

Name: _____	Phone: _____
Mailing Address: _____	
City/State/Zip: _____	

### LOCATION

**Project Location / Site Address** \_\_\_\_\_

Tax Key Number(s) \_\_\_\_\_

\_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4 of Section \_\_\_\_\_, Town of Click to choose from list: \_\_\_\_\_

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

<b>DEPARTMENT USE</b>	
Date Fee Paid _____	
Board of Adjustments Approval on _____	
Inspected by:	
Pre-Construction _____ on _____	
Post-Construction _____ on _____	

Permit Number \_\_\_\_\_

**Project**

- New Structure
- Addition(s)
- Alteration(s)
- Filling
- Grading/Excavating
- Dredging/Ditching
- Other

**Use**

- Residential
- Garage/Barn/Shed
- Commercial
- Conservation/Open Space
- Other

**Construction Type**

- Frame
- Masonry
- Metal
- Other

**Project Size**

\_\_\_\_\_ Width \_\_\_\_\_ Length  
 \_\_\_\_\_ Height \_\_\_\_\_ Stories

**Lot Size**

\_\_\_\_\_ Feet x \_\_\_\_\_ Feet  
 \_\_\_\_\_ Square Feet  
 or \_\_\_\_\_ Acres

**Zoning District**

- Shoreland
- Shoreland-Wetland
- Flood Fringe
- Floodway
- General Floodplain

Regional Flood Elevation \_\_\_\_\_  
 Building(s) Lowest Floor Elevation \_\_\_\_\_

DESCRIBE WHAT YOU PLAN TO DO:

\_\_\_\_\_

**AN ACCURATE SITE PLAN OR PLAT OF SURVEY, DRAWN TO SCALE OR THOROUGHLY DIMENSIONED, MUST BE SUBMITTED WITH THIS APPLICATION.** The map should show (1) location and dimensions of lot, (2) location and dimensions of all existing/proposed buildings on lot, (3) location and centerline of all abutting streets, (4) Ordinary High Water Mark (OHWM) of any water body which lot abuts, (5) location of existing/proposed wells and septic systems on lot, (6) floor elevation of proposed new buildings, (7) location of soil borings for new buildings. **SOIL TESTS, BUILDING PLANS AND A GRADING PLAN MAY ALSO BE REQUIRED.** APPROVAL OF THE SEPTIC SYSTEM BY THIS DEPARTMENT IS REQUIRED PRIOR TO ISSUANCE OF THE ZONING PERMIT. AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. Submittal, and subsequent review, of this application may include a site inspection.

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit or written request for a permit revision and subsequent approval is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties.

PROPERTY OWNERS, BUILDERS & CONTRACTORS ARE RESPONSIBLE FOR  
 CODE COMPLIANCE AND REASONABLE CARE IN CONSTRUCTION.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Faxed or Emailed applications will not be accepted. Submit completed application with **original signature** to: Sheboygan County Planning & Resources Department, Administration Building, 508 New York Avenue, Sheboygan WI 53081-4126

**Issued Permits:** The attached specification sheet sets conditions of this Permit approval and is made a part hereof. The Permit shall be valid for 1 year from date of issue; extensions for additional periods of up to 1 year may be granted by the Department upon written request at least 30 days before the expiration date, and the payment of the \$50 renewal fee. The Permit is valid only when signed by authorized agent.