

MONONA COUNTY SPECIAL USE PERMIT APPLICATION

APPLICANT INFORMATION

Name _____ Home Phone _____ Work/Cell Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

PROJECT LOCATION INFORMATION			
Project Physical Location (911 Address if available)	City	State	Zip Code
Parcel Information	Parcel ID # _____	Current Zoning District _____	
_____ Quarter of the _____	Quarter of _____	Township _____	Section # _____

Proposed Construction/Improvement Description	Dimensions	Proposed Use

Provide detailed reason for request

<p>The Applicant must provide, at the the time of submission of this application:</p> <p>_____ A COMPLETED Zoning Compliance Permit Application for any structural modifications and/or additions related to this Special Use Application</p> <p>_____ PAYMENT for all applicable fees due</p> <p>_____ A SITE PLAN/PLAT OF SURVEY showing the following:</p> <ul style="list-style-type: none"> North arrow and scale All lot line dimensions and other dimension lines as necessary (distances from proposed structure to all lot lines) Dimensions of all proposed structures All roads abutting the property and existing or poposed access(es) with a dimension line from the nearest side property line to the center of the driveway <p><i>Please submit 1 original - 5 copies of all of the above requirements</i></p> <p><small>PERMITS REQUIRED BY THE SECONDARY ROADS OFFICE AND/OR OTHER REQUIRED PERMITS ARE THE RESPONSIBILITY OF THE APPLICANT</small></p>
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The undersigned applicant certifies that the foregoing information is true and correct.

_____ Owner _____ Date _____ Agent _____ Date _____

FOR OFFICE USE ONLY	
Special Use Permit # _____	
BOA Action on Application: _____ Approve _____ Deny _____ Date _____	
Conditions imposed: _____	Date Received _____
Approved Separation distances, in FT: Front Yard _____ Rear Yd _____ Side 1 _____ Side 2 _____	
Board of Adjustment Approval (signature) _____ Date _____	Fee: _____
Zoning Administrator (signature) _____ Date _____	Date of Payment _____
	Check/Receipt # _____