

TOWN OF UNION

APPLICATION FOR ZONING PERMIT

Zoning Administrator – Brett Guilette
PO BOX 22, Brussels, WI, 54204

To the Town of Union, the undersigned hereby applies for a zoning permit to do work herein described and located as shown. The undersigned agrees that all work will be done in accordance with the zoning ordinance and all other ordinances of the Town of Union and will abide by all laws of the State of Wisconsin, applicable to said premises and according to the information shown hereon.

Owner Name _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Cell** _____

Builder Name _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Cell** _____

Building Site Location _____
Parcel Number _____

Type of Building Project _____
Size _____ **Estimated Cost** _____

Please attach Building plan and Site plan with setback measurements.

I hereby authorize the Zoning Administrator to enter and remain in or on the premises for which this application is made at any reasonable time for all purposes of inspection relative to this petition.

Signature of Applicant _____ **Date** _____

OFFICE USE ONLY

Fee Amount _____ Make check payable to Town of Union.

Application Number _____ **DC Permit Yes** _____ **No** _____

Date Received _____ **Check Number** _____

Zoning Administrator Signature _____

920-495-3232/brettg.isllc@gmail.com