

TOWN OF BEAVER DAM, DODGE COUNTY
APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Certificate No. \_\_\_\_\_

Town of Beaver Dam Land Use Dept., W8540 County Road W, Beaver Dam, WI 53916
Phone: (920) 887-0791 x15 Website: http://townofbeaverdam.org/

APPLICANT INFORMATION

(LAST NAME) (FIRST NAME(S)) (HOME PHONE) (CELL OR WORK PHONE)
(MAILING ADDRESS) (CITY) (STATE) (ZIP)
(EMAIL ADDRESS)

PROJECT SITE / PROPERTY INFORMATION

(STREET ADDRESS) (COUNTY PARCEL ID NO.)

ZONING DISTRICT – CHECK ONE CO [ ] A-1 [ ] A-2 [ ] R-1 [ ] R-2 [ ] C-1 [ ] I-1 [ ]

CURRENT LAND USE INFORMATION (CHECK ALL THAT APPLY)

[ ] Agriculture – crop production [ ] Residential (non-farm) [ ] Vacant [ ] Other (describe below)
[ ] Agriculture – pasture/livestock [ ] Commercial
[ ] Farmstead [ ] Industrial

PROPOSED USE INFORMATION

Please provide a summary of the proposed USE for the improvements. (i.e. "This will be my residence.", or "The building will be used for storage of personal belongings.") in the space provided below.

\_\_\_\_\_
\_\_\_\_\_

PROPOSED CONSTRUCTION/IMPROVEMENTS/MODIFICATIONS

Table with 5 columns: Improvement Description, Dimensions, Square Ft., Height (ft.), Total Cost. Two rows with \$ in the Total Cost column.

CERTIFICATION

I certify that the information and exhibits submitted are true and correct to the best of my knowledge. Pursuant to said authority, I hereby permit Town officials to enter upon my property for the purpose of inspection, and, if necessary, for posting a public notice on the property.

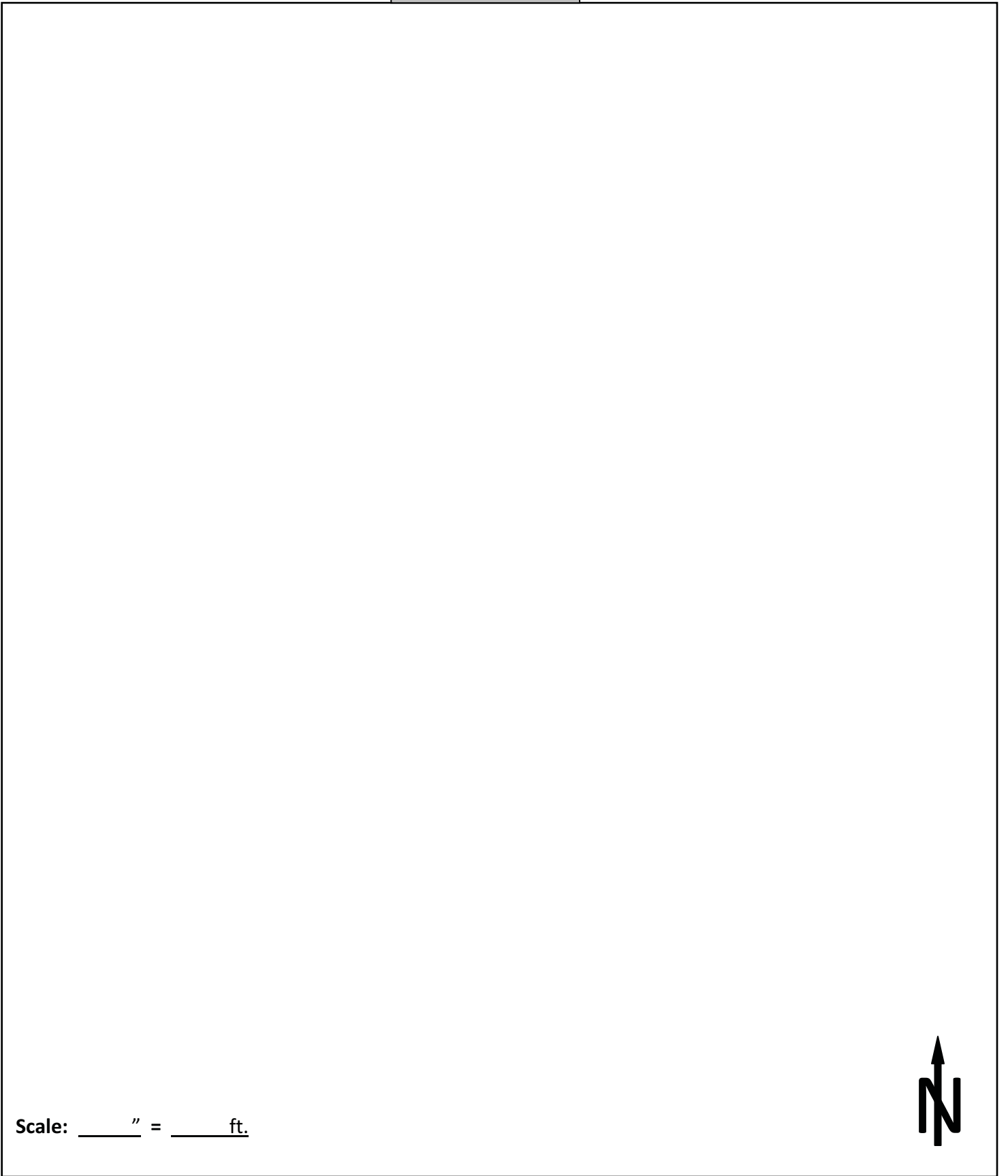
(APPLICANT SIGNATURE) (DATE) (PROPERTY OWNER - if other than applicant) (DATE)

Office Use Only
Application No. \_\_\_\_\_ Date Rcvd \_\_\_\_\_ Certificate No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**SITE PLAN**

Application No.: \_\_\_\_\_



Scale: \_\_\_\_\_" = \_\_\_\_\_ ft.

