## PERMIT APPLICATION WORKSHEET

	BUILDER/CONTRACTOR CONTACT							
NAME:	NAME:							
ADDRESS:	ADDRESS:							
CITY/STATE/ZIP:	CITY/STATE/ZIP:							
PHONE:	PHONE:							
EMAIL ADDRESS:	CONTACT:							
ADDITIONAL INFORMATION:	LICENSE #:							
	TYPE:							
SITE INFORMATION								
TAX PARCEL # LOT AREA	O ACRES O SQ. FT. TOWNSHIP							
PROPERTY ADDRESS C	CITY STATE ZIP							
PROPOSED CONSTRUCTION								
PROPOSED	EST. COST HEIGHT (FEET) WIDTH (FEET) LENGTH (FEET)							
ROOF OVERHANG (FEET) SQ. FOOTAGE (FEET) CONST. TYPE								
**SITE PLAN REQUIRED FOR COMPLETE APPLICATION**								
# BATHROOMS # BEDROOMS BAS	EMENT PUBLIC WATER PUBLIC SEWER							
# 1/2 BATHS # OTHER ROOMS FINI:	SHED BASEMENT SEPTIC SYSTEM							
Project Description:								

By signing this form, I certify that all information contained in or attached to this application is true and correct to the best of my knowledge. I understand that I am responsible for obtaining all necessary federal, state, and local permits pertaining to this project. I hereby authorize permission for La Crosse County Zoning staff to access the property described herein for the purpose of verifying or gathering information relating to this application. I further understand that an onsite inspection of the proposed structure or project may be made by La Crosse County Zoning between the hours of 8:00 am and 4:30 pm, Monday through Friday during the duration of the applicable permits.

Signature of Landowner: (or designated representative) \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY** Notes:

## **COMPLETE SITE SKETCH – Include :**

- Location of existing and proposed buildings
- The location of access road
- Area of land disturbance
- Distance from wetlands and waterbodies
- Direction of slopes on site; 20% or greater slope

## LOCATION MAP, DIRECTIONS TO SITE



• • • • • • OFFICE USE ONLY - • •

See attached Additional Construction Site Investigation Report

Permit No.\_\_\_\_/\_\_\_\_