

VILLAGE/TOWN OF BLOOMFIELD

VILLAGE: PO BOX 609 – TOWN: PO BOX 704, PELL LAKE, WI 53157
Planning and Zoning Office (262) 279-6039 Ext. 6 • Fax (262) 279-0196

TEMPORARY LIVING QUARTERS ZONING PERMIT SUPPLEMENT

_____ Town _____ Village

Fee: \$100.00

PROPERTY OWNER

(Name)

(Phone #)

(Mailing Address)

(Email Address)

(City, State, Zip)

(Fax #)

Physical Address of Parcel: _____

Lot#: _____ **Block** _____ **Subdivision:** _____

Please initial each statement:

_____ I/We acknowledge the Temporary Living Quarters approval is a one-time request limited to **eighteen (18) months** from the date the Zoning Administrator approves the permit.

_____ I/We acknowledge that the Temporary Living Quarters will be removed within **sixty (60) days** of occupancy of the new residence or within **eighteen (18) months** of approval, whichever comes first.

_____ I/We have applied for a zoning permit # _____ for construction of a new single family residence.

_____ I/We have attached a copy of a signed and notarized (to be recorded) AGREEMENT TO ABATE by using forms provided by the Zoning Administrator

_____ I/We have attached a copy of a plat of survey or site plan as required.

_____ I/We acknowledge and understand that the Temporary Living Quarters must comply with all setback requirements of Chapter 27 of the Village/Town of Bloomfield Zoning Ordinances.

_____ I/We acknowledge and understand that the Temporary Living Quarters must comply with all well and sanitary regulations.

The undersigned hereby agrees to comply with the Village/Town of Bloomfield Municipal Code (Chapter 27) and the regulations for Temporary Living Quarters pursuant to Section 27-23/27-77. This permit shall be temporary and revocable and shall be issued for a period not to exceed **eighteen (18) months**.

(Property Owner Signature)

(Date)

COST RECOVERY AGREEMENT

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

(Property Owner Signature)

(Date)

FOR OFFICE USE ONLY			
Zoning District(s):			
Not in Shoreland?	In Shoreland?	Floodplain?	
Zoning Permit #:		Temp Living Quarters #:	
Permit Reviewed by Zoning Administrator		Yes	No
Issuing Officer:		Issue Date:	

VILLAGE/TOWN OF BLOOMFIELD – TEMPORARY LIVING QUARTERS REQUEST

At the time of application, you will be required to submit all of the following:

1. Completed application form and \$100.00 (mad payable to Bloomfield Treasurer).
2. Completed and notarized Agreement to Abate form.
3. Provide a plat of survey or site plan, by a registered Land Surveyor or Engineer, and must show the location of existing and proposed structures on the parcel, and distances to the lot lines, body of water, and right of ways.
4. Attach a completed Zoning Permit Application for a new single family residence, a plat or site plan, and the Agreement to Abate to the Temporary Living Quarters application.