Village · Bloomfield · Town

Tax Parcel #:

Village-PO Box 609 | Town-PO Box 704 | N1100 Town Hall Rd | Pell Lake, WI 53157 (262) 279-6039 Ext 2 | Fax: (262) 279-3545

## **Zoning Permit Application**

\_\_\_\_Village

\_\_\_\_Town

Please check all that apply:

- Residential (Single-Family)
- Residential (Multi-Family)
- Residential Addition/Alteration
- Residential Accessory Use
- □ New Mobile Home
- □ Mobile Home Additions/Enclosures/Alterations
- □ Mobile Home Accessory Structure
- Deck
- **Fence**
- □ Swimming Pool
- □ Signage

Other:

A completed application, along with a site plan and fees must be received by the Zoning Administrator for review before the issuance of a zoning permit. Missing information may cause the delay of review or a returned/denied application.

Owner Name(s):			
Mailing Address:	Phone:		
	Email:		
Project Address (if different than above):			
Applicant/Agent Name:			
Mailing Address:	Phone:		
	Email:		
Subdivision Name:	Lot #: Block #:		
Current Zoning of Site:	Zoning of Site: Current Overlay Districts of Site:		
Proposed Type of Structure:			
Proposed Use of Structure or Site:			
Lot Area: sq. ft. Proposed Bu	uilding / Structure Footprint of Area:	sq. ft.	
Existing Building Coverage on Site:	_ % Proposed: %		
Proposed Setbacks: Front Rear _	Left Right		
Proposed Structure Dimensions: X	Proposed Building Height: ft.		
Estimated Cost:			
Sanitary Facilities: Municipal Sewer	Septic System		

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The Owner(s) agrees to comply with the Village/Town of Bloomfield's Municipal Code and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all information is accurate.

## **Property Owner(s):**

Name – Print	Name – Signature	Date	
Name – Print	Name – Signature	Date	
Applicant/Agent of all Owners:			
Name – Print	Name – 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 (i.e. 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 date 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.

I/We understand that the Village/Town of Bloomfield by and through their agents, representatives (elected or appointed), employees, successors or assignees make no representations of their findings. I/We forever hold them harmless of all liability whether founded in tort or contract and as such agree to indemnify them from all claims arising out of these transactions.

## **Property Owner(s):**

Name – Print	Name – Signature	Date
Name – Print	Name – Signature	Date
Applicant/Agent of all Owners:		
Name – Print	Name – Signature	Date

OFFICE USE ONLY:						
Date Filed:			Received by:			
Permit Fees:			Permit Issued By:	Date:		
Permit:	\$					
Other:	\$					
Other:	\$		PERMIT #:			
Total:	\$					