City of Spooner Zoning / Land Use Permit Application

Permit #:_____

Date of Application: ___/___/___ **Work to Begin:** _____/_____/_____ **CS #:** _____**Parcel #:** _____

Building / Site Address: _____

Owner's Name: _____ **Telephone:** _____ **Cell:** _____

Mailing Address: _____ **Email:** _____

WORK TO BE DONE BY: _____Owner _____Contractor **OWNERSHIP:** _____Private _____Public

Contractor's Name: _____ **Telephone:** _____ **Cell:** _____

Mailing Address: _____ **Email:** _____

Note: No person or entity may engage or offer to engage in construction business in Wisconsin unless they hold a Building Contractor Registration, or equivalent, issued by the Safety and Buildings Division of the Wisconsin Department of Commerce. For further information, go to website: www.commerce.wi.gov/SB-BuildingContractorProgram.html. Homeowners insurance required if work is to be performed by homeowner.

Wisconsin Dwelling Contractor License #: _____ Dwelling Contractor Qualifier License #: _____

Wisconsin Construction Business Registration #: _____Lead Certification #:_____

Wisconsin Electrical License #_____

Note: A copy of Liability Insurance policy is required to issue a building permit and may be mailed or emailed.

PERMIT TYPE: Has building ever been damaged by fire: ___ yes ___no ___ unknown

Proposed use: ___Residential (one family) ___ Residential (two or more units) _____# of units ____Industrial ___Commercial

State approved: ___yes ___no ▫**Sign Permit** _____ ▫**Fence Permit**_____

Provide detailed description of all work to be completed. (If more space is needed please add a second page):

_____

_____

_____

Setbacks: (Must meet the required setbacks according to the specific Zoning District for this lot) ▫Front yard set back_____
▫ Side yard setback ____ ▫side 1 ____▫side 2 ▫ Rear setback_____ ▫Corner lot: __yes __no (If yes, Setback on corner same as front yard setback)

COST ESTIMATE: _____ FEE: _____ PAID _____
(Total of Materials and Labor) (Pay to: City of Spooner)

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state, municipality or inspection agency; and certify that all the above information is accurate.
I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. In granting this approval, the City of Spooner and its designated building inspection agency reserves the right to require changes or additions, should conditions arise making them necessary for code compliance. As per state stats 101.12(2), nothing in this review shall relieve the designer of the responsibility for designing a safe building, structure, or component. The City of Spooner and its designated building inspection agency does not take responsibility for the design or construction of the reviewed items.

Applicant Name (Print:) _____ **Sign:** _____ **Date:** _____/_____/_____

NOTE: If contractor is signing permit, please provide required Wisconsin Dwelling Contractor License and Dwelling Contractor Qualifier License.

APPROVAL OF ZONING ADMINISTRATOR:

Name (Print:)_____Sign: _____Date: _____/_____/_____

Tel. (715) 635-8769 Fax: (715) 635-9319; Address: 515 N. Summit Street, P.O. Box 548, Spooner, WI 54801; Email: zoningadmin@cityofspooner.org

Note: Must complete all items on this form that are underlined in bold print.

NOTE: All site plans for commercial or industrial construction permits, are required to be reviewed by the Plan Commission per City Code Sec. 86-59. Plan Commission meets once a month on the 4th Tuesday. Time To Be Determined.