**City of Hayward APPLICATION FOR LAND USE PERMIT** Mailing Address:

15889 W Third Street *Website: www.cityofhaywardwi.gov* P.O. Box 969

Hayward, WI 54843 E-Mail: [pw3@centurytel.net](mailto:pw3@centurytel.net) Hayward, WI 54843

(715) 634-4612 Fax (715) 634-5868

**Date**  Ordinance #471 **Permit No. \_\_\_\_\_\_\_\_\_\_\_\_**

“Any structural changes or major changes to mechanical systems that involve extensions shall require permits. Restoration or repair of an installation to its previous code-complaint condition as determined by the building inspector is exempt from permit requirements. Re-siding,

re-roofing, finishing of interior surfaces, and installation of cabinetry, doors, and windows shall be exempt from permit requirements.”

Construction **shall not begin** until all required permits have been issued. This permit is valid for **one year from date of issue**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permit Delivery Method | | Call Owner  Mail to Owner  Call Contractor  Mail Contractor | | |
| Owner(s) Name: | | | Contractor(s) Name: License #: | |
| Mailing Address: | | | Mailing Address: | |
| Phone:       Email: | | | Phone:       Email: | |
| Site Address: |  | | Zoned: |  |
| Legacy PIN#: |  | | Wetland: | Within 100’  No  Yes, if so, how far? |

Describe the construction, dimension of each structure, square footage and cost in each column where applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C:\Program Files (x86)\Microsoft Office\MEDIA\OFFICE14\Bullets\BD21301_.gif** | **Proposed Structure** | **Dimensions** | **Total Square Footage** | **Cost** |
|  | **Commercial/Industrial Structure** (1st Story) |  |  | ***Less cost of electrical and plumbing*** |
|  | 2nd Story |  |  |
|  | Electrical: Contractor Name:  License #: | --------- | -------- |  |
|  | Plumbing: Contractor Name:  License #: | --------- | -------- |  |
|  |  |  |  |  |
|  | **Residence** (1st Story) |  |  |  |
|  | 2nd Story |  |  |
|  | with Basement |  |  |
|  | Plumber Name & License #: | --------- | --------- |  |
|  | Electrician Name & License #: | --------- | --------- |  |
|  | **Total habitable square feet:** | --------- |  | --------- |
|  |  |  |  |  |
|  | **Accessory Structure(s)** **(circle one)**  Commercial/Residential | --------- | --------- | --------- |
|  | Deck/Patio |  |  |  |
|  | Porch |  |  |  |
|  | Garage (Attached / Detached) **circle one** |  |  |  |
|  | 2nd deck/porch/patio |  |  |  |
|  | Fence | --------- | --------- |  |
|  | Other (explain): |  |  |  |
|  | **Addition/Alteration**: **(circle one)**  Commercial/Residential  (explain): |  |  |  |
|  | **Total non-habitable square feet:** | --------- |  | --------- |
|  |  |  |  |  |
|  | **Erosion Control Only:** Grading Filling Dredging |  |  |  |

**SITE PLAN:** (Draw within box or attach)

1. Enter lot dimensions and indicate north by arrow.

2. Indicate the location and size of the requested construction activities.

**SITE PLAN**

3. Indicate the location and distance to the lot lines of any well, wetland area, septic tank or drain field.

**Setbacks**

Please indicate feet from lot lines to proposed building or addition below:

North Lot Line       ft

South Lot Line       ft

West Lot Line       ft

East Lot Line       ft

Wisconsin Administrative Code prohibits roof drains & sump pumps to be hooked to sanitary sewer.

**\*\*I certify that the requirements of Wisconsin Administrative Code Chapter NR447, including a thorough asbestos inspections and, if required, a notification or intent to demolish and/or renovate, have been met.\*\***

Signature of Owner or Authorized Agent with Power of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above certifies that the listed information and intentions are true and correct, that all work shall be performed in compliance with the requirements of Ordinance No.148 and its amendments of the City of Hayward and the laws and regulations of the State of Wisconsin, and if acting as owner(s) agent, has the permission of the owner(s) to perform the work requested on this application. The above person(s) hereby give permission for access to the property for onsite inspection.

Issue date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Total Fee Required: $ \_\_\_\_\_\_\_\_\_\_\_\_

UDC Permit Required? Y N

Fees Paid:

State Approval Required? Y N Land Use: $\_\_\_\_\_\_\_\_\_\_\_

Electrical: $\_\_\_\_\_\_\_\_\_\_\_

Planning Commission? Y N Plumbing: $\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_