

City of Hayward

15889 W Third Street
Hayward, WI 54843
(715) 634-4612

APPLICATION FOR LAND USE PERMIT

Website: www.cityofhaywardwi.gov
E-Mail: pw3@centurytel.net

Mailing Address:

P.O. Box 969
Hayward, WI 54843
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	<input type="checkbox"/> Call Owner	<input type="checkbox"/> Mail to Owner	<input type="checkbox"/> Call Contractor	<input type="checkbox"/> 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' <input type="checkbox"/> No <input type="checkbox"/> Yes, if so, how far?	

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

<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Total Square Footage	Cost
<input type="checkbox"/>	Commercial/Industrial Structure (1 st Story)			<i>Less cost of electrical and plumbing</i>
	2nd Story			
	Electrical: Contractor Name: License #:	-----	-----	
	Plumbing: Contractor Name: License #:	-----	-----	
<input type="checkbox"/>	Residence (1st Story)			
	2nd Story			
	with Basement			
	Plumber Name & License #:	-----	-----	
	Electrician Name & License #:	-----	-----	
	Total habitable square feet:	-----	-----	
<input type="checkbox"/>	Accessory Structure(s) (circle one) Commercial/Residential	-----	-----	-----
	Deck/Patio			
	Porch			
	Garage (Attached / Detached) circle one			
	2nd deck/porch/patio			
	Fence			
	Other (explain):			
<input type="checkbox"/>	Addition/Alteration: (circle one) Commercial/Residential (explain):			
	Total non-habitable square feet:	-----	-----	-----
<input type="checkbox"/>	Erosion Control Only: <input type="checkbox"/> Grading <input type="checkbox"/> Filling <input type="checkbox"/> 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.
3. Indicate the location and distance to the lot lines of any well, wetland area, septic tank or drain field.

SITE PLAN

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.****

I understand that all land use permit fees are non-refundable.

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 _____

<u>For Office Use Only</u>		Total Fee Required: \$ _____
UDC Permit Required?	Y N	Fees Paid:
State Approval Required?	Y N	Land Use: \$ _____
Planning Commission?	Y N	Electrical: \$ _____
		Plumbing: \$ _____
APPROVED:		Date Received: _____
_____		Check #: _____
John McCue, Public Works Director		Receipt #: _____