

City of Hayward

15889 W Third Street, P.O. Box 969, Hayward, WI 54843

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APPLICATION FOR LAND USE PERMIT

Date _____

Permit No. _____

Ordinance #471

“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.

Owner(s) Name: _____ Mailing Address: _____

Phone: _____ City, State, Zip: _____

Permit Delivery Method	<input type="checkbox"/> Call Owner	<input type="checkbox"/> Mail Owner	<input type="checkbox"/> Call Contractor	<input type="checkbox"/> Mail Contractor
Contractor Information	Name/Address/Phone: _____			

Project Location: Site Address: _____ Tax ID #: 236 - ____ - ____ - ____ Zoned: _____

Is there a wetland within 100 feet of building site? No Yes If yes, how far? _____ feet

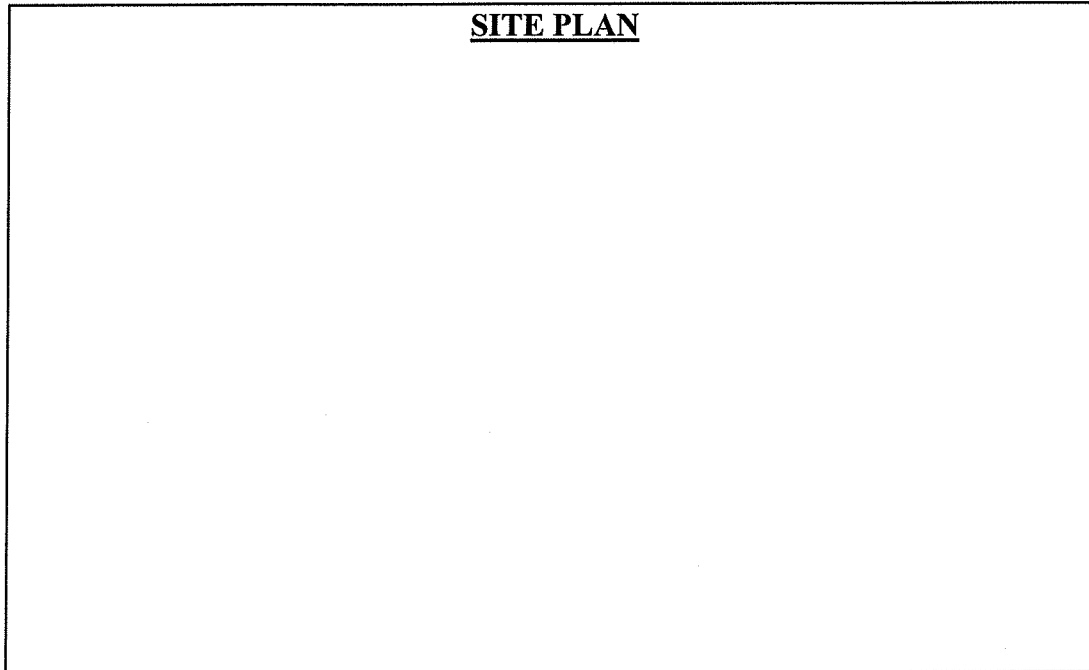
Describe the construction, dimension of each structure, square footage and cost in each column where applicable:

<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Total Square Footage	Cost
	Commercial/Industrial Structure			
	2nd Story			
	Residence (1st Story)			
	2nd Story			
	with Basement			
	Accessory Structure (explain): (detached garage, shed, Gazebo, etc)			
	Deck/Patio			
	Porch			
	Attached Garage			
	2nd deck/porch/patio			
	Fence			
	Addition/Alteration (explain):			
	Plumbing (explain) :	-----	-----	
	Electrical (explain) :	-----	-----	
	Erosion Control: <input type="checkbox"/> Grading <input type="checkbox"/> Filling <input type="checkbox"/> Filling			
	Total habitable square feet:	Total non-habitable square feet:		

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. Also, indicate the location and distance to the lot lines, the well, any wetland areas, septic tank and 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.****

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

UDC Permit Required? Y N

State Approval Required? Y N

Planning Commission? Y N

Total Fee Required: \$ _____

Fees Paid:

Land Use: \$ _____

Electrical: \$ _____

Plumbing: \$ _____

Date Received: _____

Check #: _____

Receipt #: _____