

TOWN/VILLAGE OF BLOOMFIELD

N1100 TOWN HALL RD, PELL LAKE, WI 53157
Planning and Zoning Office (262) 279-6039 Ext. 3 • Fax (262) 279-0196

ZONING PERMIT APPLICATION INSTRUCTIONS

*****Please note: A completed application, along with a plat of survey, copies of project plans, and fees must be received by Zoning Administrator for review before a zoning permit will be issued. MISSING INFORMATION MAY CAUSE A DELAY.*****

- A. It is extremely important that the tax key/tax parcel number of the parcel in question be included on the permit application (page 3). This number is found in the upper right hand corner of the tax bill.
- B. The information needed to complete section 1 “site” information (page 3) may be found on a copy of your tax bill.
- C. Sections 2 & 3 (page 3) are asking for project information. Be as specific as possible. Attach copies of plans.
- D. Section 4: sanitary facilities” (page 4): this information is required to ensure that the location and/or additions meet all of the requirements of comm 81-91. Additions to a single family residence may require sanitary review. Contact the pell lake sanitation department prior to the submittal of this form.
- E. Fill in all areas and sign at the bottom of page 3 and the Cost Recovery Agreement on page 4.
- F. A plat of survey is always required.
- G. Site plan: a site plan drawn to scale may be submitted in lieu of a plat of survey only when the structure is at least 1 ½ times the required setbacks from all lot lines. A site plan shall contain the same information as provided by a plat of survey.
- H. Once a zoning permit has been issued, for a period of six months from the date of issuance, any amendment to that zoning permit shall require a fee of \$80.00, and a revised site plan. After six months from the date of issuance, any amendments shall require a new zoning permit application and fee.
- I. Fees: see the fee schedule for specific fees. Permits will be processed once fees are received in full. Please pay fees with check, money order, or certified check made payable to: **Bloomfield Treasurer.**

Please read and complete the following to help the Village/Town of Bloomfield expedite your permit application.

If the Zoning Administrator has questions regarding the permit application, please contact:

NAME: _____

VIA: _____ PHONE #: _____

_____ FAX #: _____

_____ MAIL (PRINT ADDRESS):

When permit is ready to be issued, please process the approved permit by:

_____ MAIL: Please mail to (Include full name and address):

_____ WILL PICK UP AT ZONING ADMINISTRATOR'S OFFICE:

Call (Mr/Mrs/Ms): _____

At: _____
(Area Code) Phone Number

Zoning Permit Number: _____ Tax Parcel #: _____
Sanitary Permit Number: _____
Erosion Control Number: _____

Owner's Name: _____

Mailing Address:

Phone #: _____
Email #: _____

Project Address (if different than above):

General Contractor's Name: _____

Mailing Address:

Phone #: _____
Email #: _____

1. Site: Section _____, T _____, R _____ E.
Lot Width: _____ Lot Depth: _____ Sq Ft/Acreage: _____ Subdivision Name: _____ Lot #: _____ Block #: _____

2. Project:

Please mark all that apply:

_____ New Single Family Residence _____ Multi-family; # of units _____
_____ Addition
_____ Alteration (example: kitchen, bedroom, etc.)
_____ Accessory structure/garage Structure is used for? _____
_____ Deck
_____ Pool
_____ Other _____

X Size/Dimensions: (____) X (____); (____) X (____); _____ feet _____ inches
**Building height is the vertical distance measured from the lowest finished grade along the street yard elevation of the structure to the ridge of the highest roof line of the structure

_____ Total Square Feet _____

3. Estimated Cost: _____

4. Sanitary Facilities:

_____ Municipal Sewer
_____ Private Sewage System

The owner 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, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all the above information is accurate.

(Signature of Owner)

(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 (e.g. 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 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.

(Property Owner Signature)

(Applicant/Agent Signature)

(Printed Name)

(Printed Name)

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PERMIT EXPIRATION:

Permit expires within twenty-four (24) months after the issuance of the permit if the structure for which a permit is issued is not substantially completed.

CONDITIONS OF APPROVAL:

This permit is issued subject to any Federal, State, or Local restrictions. Each applicant for a zoning permit is charged with knowledge of the Village/Town of Bloomfield’s Municipal Code. Copies of the text of the zoning ordinances, or portions thereof, and copies of the official zoning maps are available for sale, copying or inspection upon request. Any statement made, site plan submitted, assurance given or permit erroneously issued contrary to the zoning ordinances is null and void. Any modification of approved permit requires zoning permit review and approval.

_____ This permit shall require the submittal of a foundation survey prepared by a Wisconsin Registered Land Surveyor to the Zoning Department within 30 days of backfilling.

_____ This permit shall require the applicant to call the Building Inspector at 262-215-3711 for an inspection to assure compliance with the setback requirements of zoning. The applicant shall call the Building Inspector immediately upon backfilling the foundation. Lot boundaries shall be clearly identified for inspection.

_____ This permit is not valid until all other applicable permits have been obtained.

Conditions: _____

FOR OFFICE USE ONLY

Fee:	Double Fee:
Zoning District:	Other:
P & Z Commission Approval Date:	Board Approval Date:
Issue Date:	P & Z Administrator Date
Denial Date and Reason:	