

CERTIFICATE OF ZONE/CONDITIONAL USE COMPLIANCE

_____ APPLICATION FOR ZONING PERMIT
 _____ CONDITIONAL USE PERMIT
 UNION GROVE, WISCONSIN 53182



DATE PERMIT ISSUED _____	_____
PERMIT NUMBER _____	_____
ZONING DISTRICT _____	_____
Office use only	

OWNER _____

APPLICANT _____
(if Corp., registered name)

Mailing Address _____

Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Phone(H) _____ (W) _____

SITE ADDRESS _____ Parcel ID# _____

Proposed Construction/Use/Type of Business: _____

New bldg. Addition _____ if so: Wood Frame _____
 Brick _____
 Alterations _____ Block _____
 Lease/Rent _____ Metal _____
 Other _____ Other _____
 Accessory _____
 Contractor _____
 Est. Value w/labor \$ _____

Size _____ X _____ X _____
 Peak ht. (Ft) _____
 Area (Sq Ft) _____
 # of Units _____
 # of Stories _____
 Height Bldg. (Ave Ft) _____

	Yes	No
Structure in Floodplain?	_____	_____
Structure in Wetland?	_____	_____
Substandard Lot?	_____	_____
If so, own abutting lot?	_____	_____
Existing Non-conforming?	_____	_____
>50% of assessed Value?	_____	_____
Assessed Value?	\$ _____	_____
BOZA Variance Needed?	_____	_____
Conditional Use Needed?	_____	_____

	Proposed	OK?
Yard setbacks		
Street-1st	_____	_____
Street- 2nd	_____	_____
Side- 1st	_____	_____
Side- 2nd	_____	_____
Rear	_____	_____
Date of Approval:	_____	
Date of Public Hearing:	_____	

Additional Conditions or Stipulations: _____

The applicant hereby certifies that the information submitted above and attached hereto, is true and correct to the best of the knowledge and the belief of the signer, and that all work will be done in accordance with applicable Wisconsin laws and Union Grove Village ordinances. Granting of permit does not signify compliance with Subdivision Covenants or approval by Architectural Control Committee (if any).

All fees are non-refundable. Checks can be made payable to Village of Union Grove.

Zoning Permit Fee Pd: \$ _____ Check # _____

Conditional Use Fee Pd: \$ _____ Check # _____

Individual/President of Corp./Partner

Date

Owner

Date

Use Conforms to zoning? Yes (Application OK'd) No (Denied)

If not, why not: _____

Zoning Administrator

Date

Application Approved Yes / No

Conditional Use Granted: Yes / No

Date

Clerk/Treasurer

Office Use Only