



Village of East Troy
 2015 Energy Drive
 East Troy, WI 53120

Inspections
 call (262) 352-4433
 fax (262) 642-6259

Permit No. _____

Parcel No. _____

Property Address: _____

Zoning Permit Application

OFFICE USE ONLY

Application Number: _____ Fee Paid: \$ _____ Check # _____ Fee Received By: _____ Date Received: _____

Property Owner	Agent, if any
Name _____	_____
Street address _____	_____
City, state, zip code _____	_____
Daytime telephone _____	_____
E-mail address _____	_____

General description of proposed project (add sheet if necessary):

For assistance in the zoning districts, please visit: <https://village of easttroy.zoninghub.com/>

Zoning Information

Zoning District(s) (check all that apply)	Setbacks and Offsets	(N,S,E,W)
<input type="checkbox"/> RH-35 Rural Holding	Front-yard setback: _____ feet from building foundation to base setback line (road right-of-way)	
<input type="checkbox"/> SR-3 Estate Residential	Side-yard offset: _____ feet from building foundation to _____ property boundary line	
<input type="checkbox"/> SR-4 Suburban Residential	Side-yard offset: _____ feet from building foundation to _____ property boundary line	
<input type="checkbox"/> SR-5 Neighborhood Residential	Rear-yard offset: _____ feet from building foundation to _____ property boundary line	
<input type="checkbox"/> SR-6 Traditional-Front Residential	Setback: _____ feet from building foundation to Flood Plain (if any)	
<input type="checkbox"/> SR-7 Traditional-Rear Residential	Setback: _____ feet from building foundation to Shoreland Wetland (if any)	
<input type="checkbox"/> TR-8 Two-Family Residential		
<input type="checkbox"/> AR-9 Attached Residential		
<input type="checkbox"/> MR-10 Multi-Family Residential		
<input type="checkbox"/> MRH-6 Mobile Home Residential		
<input type="checkbox"/> NB Neighborhood Business	Overlay Zoning Districts	
<input type="checkbox"/> HB Highway Business	<input type="checkbox"/> PD Planned Development _____	
<input type="checkbox"/> CB Central Business	<input type="checkbox"/> DD Downtown Design _____	
<input type="checkbox"/> BP Business Park	<input type="checkbox"/> GP Groundwater Protection _____	
<input type="checkbox"/> LI Light Industrial	<input type="checkbox"/> NFC Natural Features Conservancy _____	
<input type="checkbox"/> GI General Industrial	<input type="checkbox"/> FP 100 year Flood Plain _____	
	<input type="checkbox"/> S Shoreland _____	
	<input type="checkbox"/> SW Shoreland Wetland _____	

Floor Area of Buildings in square feet from exterior wall to exterior wall (overhangs exceeding 2' shall be included)

	Existing	Proposed
Principal building (first floor)	_____	_____
Principal building (second floor)	_____	_____
Attached garage	_____	_____
Detached building (#1)	_____	_____
Detached building (#2)	_____	_____
Total	_____	_____

Sanitary Permit No. (Buildings requiring sanitation only): _____

Applicant certification

- I certify that all of the information in this application, along with any attachments, are true and correct to the best of my knowledge and belief.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online.
- I understand that the Zoning Administrator will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete.

Property Owner Signature(s): _____

Date: _____

