

Zoning Permit Application
Town of Eagle

Version: May 25, 2018

Town of Eagle
PO Box 327
Eagle, WI 53119

OFFICE USE ONLY

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

Parcel Number: _____ Property Address: _____

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

General description of proposed project:

Cost of improvements/valuation: _____

Zoning District(s) (check all that apply)

- P-1 Public
- Q-1 Quarry
- C-1 Conservancy
- UC Upland Conservancy
- A-P Agricultural Preservation
- RR Rural Residential
- R-1 Residential
- B-1 Neighborhood Business
- B-2 Local Business
- B-3 Mixed Business
- M-1 Limited Manufacturing
- M-2 General Manufacturing
- PUD: _____

Setbacks and Offsets

Front-yard setback: _____ feet from building foundation to base setback line (road right-of-way)
 Side-yard offset: _____ feet from building foundation to _____ property boundary line
 Side-yard offset: _____ feet from building foundation to _____ property boundary line
 Rear-yard offset: _____ feet from building foundation to _____ property boundary line

For assistance in the zoning districts please visit: <https://townofeagle.zoninghub.com/home.aspx>

Floor Area of Buildings (in square feet from exterior wall to exterior wall)

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

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

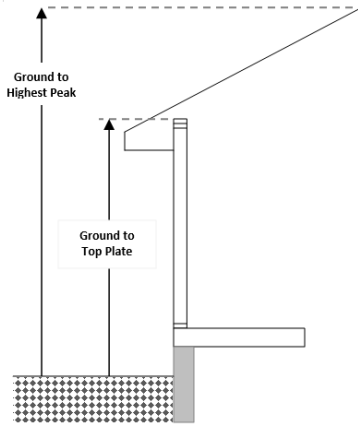
New Building with a Basement

Elevation of top of foundation _____ (This should be shown on the grading plan.)
 Elevation of top of basement floor _____ (This should be shown on the grading plan.)
 Elevation of top of footing _____ (This should be shown on the grading plan.)
 Elevation of seasonal high-water table _____ (This is listed in the Seasonal High Groundwater Determination Report.)

Note: The top of the basement floor must be one foot or more above the seasonal high-water table.

Height of Proposed Building(s)

	Building 1		Building 2		Building 3	
	Ground to Top Plate	Ground to Highest Peak	Ground to Top Plate	Ground to Highest Peak	Ground to Top Plate	Ground to Highest Peak
Front	_____	_____	_____	_____	_____	_____
Left	_____	_____	_____	_____	_____	_____
Right	_____	_____	_____	_____	_____	_____
Rear	_____	_____	_____	_____	_____	_____



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:

