



OFFICE USE ONLY:

Date: _____ PERMIT #: _____
Parcel #: _____ Zoning District: _____
Waterfront Yes No

Zoning Department

1156 Alpine Drive Phone: 715 325-8019
Nekoosa, WI 54457 Fax: 715 325-8035
Email: zoning@romewi.gov
www.romewi.gov

**SITE PLAN & PLAN OF
OPERATION REVIEW APPLICATION
\$350.00 APPLICATION FEE**

* **ADDITIONAL REGULATIONS:** The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. For your protection, you should determine if your project is subject to regulations of any other entity such as Adams County, the State of Wisconsin, or a homeowners association.

* **SETBACKS:** All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). **IMPORTANT NOTE:** Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals and in accordance with all ordinances and with all laws of the State of Wisconsin applicable to said premises and work.

CIRCLE ONE: DWELLING ATTACHED ACCESS. BUILDING DETACHED ACCESS. BUILDING SHED COMMERCIAL OTHER

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: _____ Phone: _____
{First} {Middle Initial} {Last}

Mailing Address: _____

Property Description:

Gov. Lot: _____ or _____ 1/4, _____ 1/4, Sec. _____, T _____ N, R _____ E

Lot: _____; Block: _____; Addition: _____; Subdivision: _____

Property Address: _____

Lot / Parcel Size: Width: _____ Length: _____ Acres / Sq. Ft.: _____

Construction Description: _____

(New Dwelling, Addition, Accessory Building, Shed)

Use: _____

(Residence, Residential Accessory, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): _____

(Frame, Masonry, Manufactured, Pole, etc.)

Building Description: Width: _____ Length: _____ Area: _____ Sq. Ft.

Height: _____ No. of Stories: _____ No. of Bedrooms: _____

IMPORTANT NOTES: IT IS THE RESPONSIBILITY OF THE PERSON SIGNING TO CALL FOR REQUIRED INSPECTIONS. THE UNDERSIGNED FURTHER AKNOWLEDGES: (1) THAT THEY HAVE READ *NOTES ABOVE. AND THE NOTICE ON THE BACK OF THIS PERMIT APPLICATION REGARDING WETLANDS. (2) THAT THE SIGNATURE BELOW ALSO GRANTS CONSENT FOR DEPARTMENT STAFF TO ENTER PREMISES.

Signature of Owner or Agent: _____ Cell # _____

Printed Name: _____ E-mail _____

Address: _____

OFFICE USE ONLY:

Zoning: \$ _____

Comments / Conditions: _____

Paid: \$ _____

(check # or cash)

Date: _____

Approved by: _____

Date: _____

By: _____

Denied by: _____

Date: _____

TOWN OF ROME
SITE PLAN AND PLAN OF OPERATION
CHECKLIST

NOTE: ***Bold Italic*** items are to be indicated on the Site Plan. Use the space provided on this form for comments.

1. Project Owner: _____ Phone: _____
Mailing Address: _____

2. Project Operator: _____ Phone: _____
Mailing Address: _____

3. ***Project Site Information:***
Parcel Number: _____ Legal Description: _____ Address: _____
Lot Size: Depth: _____ Width: _____ Acres: _____ Zoning: _____

4. ***Name and address of all owners of abutting parcels:*** _____

5. ***All existing lot lines, easements and rights-of-way. Include area in acres or square feet, abutting land uses and structures:*** _____

6. ***The location and use of all existing and proposed structures within the development.*** Indicate design details to make new construction compatible with existing structures: _____

7. ***Dimensions and Number of Stories of all Buildings:***
Building A:
Dimensions: _____ Stories / Height: _____ Use: _____
Building B:
Dimensions: _____ Stories / Height: _____ Use: _____
Building C:
Dimensions: _____ Stories / Height: _____ Use: _____
Total Floor Area: _____

8. ***Outside Storage:*** No Yes: _____

9. ***Traffic flow patterns within the site, entrances and exits, loading and unloading areas, parking areas, sidewalks, ramps, curb cuts on the site and within 100 feet of the site:*** _____

Parking: Number of Spaces: _____ Employee Parking: _____
Dimensions of Parking Lot: _____ Type of Construction: _____

10. ***Outside Events:*** No Yes Frequency: _____

11. Maximum Number of Employees: Full-Time: _____ Part-Time: _____

12. Days & Hours of Operation: _____

13. ***A landscape plan showing existing and proposed vegetation cover and water sources, and all proposed changes to these features, including size and type of plant material, drainage and storm-water retention areas and grade alterations:*** _____

14. ***Outdoor Lighting:*** Type: _____ Location: _____

15. **Signs:** The location, height, size, materials, and design of all proposed signage:

Free-Standing Number: _____ Size(s): _____ Location(s): _____
Single or Double Faced: _____ Materials: _____
Wall Mounted Number: _____ Size(s): _____ Materials _____
Lighted: No Yes: _____

16. **Outside Food and / or Beverage Service:** No Yes: _____

17. **Inside and / or Outside Music (type, hours & days):** No Yes: _____

18. Refuse Disposal: Public: _____ Private: _____
Refuse Containers (type & location): _____

19. Is a Commercial Transfer Site Permit Required: No Yes Date Issued: _____

20. **Fencing or Screening:** No Yes: _____

21. **Sanitary System:** _____

22. Any Potential Problems or Nuisances such as Odor, Smoke, Vibration or Noise Resulting from this Operation: No Yes: _____

23. **Surface Water Drainage Facilities:** Storm Water Retention, Flow of Surface Water, and Amount of Impervious surfaces: _____

24. Any Special License Required to be obtained from Local, State or Federal Licensing Agencies for the proposed Operation: No Yes: _____

25. Did the Wisconsin Department of Commerce Approve the Building Plans?: No Yes
Date Approved: _____ Comments: _____

26. **Expansion of an Existing Operation:** No Yes: _____

27. **Onsite Sale of any Items and / or Services:** No Yes: _____

28. Does this Operation Involve the Production of any Items? No Yes: _____

29. Description of the Production Process: _____

30. **Any Chemicals, Hazardous Waste, Solvents, Gasoline or other Petroleum Products Stored on the Site:** No Yes: _____

How are the Chemicals, Wastes and Solvents Disposed of: _____

31. **Does this Operation Involve the Boarding of Animals:** No Yes: _____

Additional information may be required by the Zoning Administrator, Town Plan Commission, Town Board, and any other governmental agencies having jurisdiction of this site plan and plan of operation.

Property Owner Signature: _____ **Date:** _____