



**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](mailto: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 ACKNOWLEDGES: (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: \_\_\_\_\_

