

APPLICATION FORM, APPROVAL RECORD, AND PERMIT

Chapter 170, Town of Troy Zoning Ordinance

File #: _____

Office Use Only

APPLICANT INFORMATION

Applicant Name: _____ Owner (if not applicant): _____

Mailing Address: _____ Mailing Address: _____

Daytime Phone: (____) _____ Daytime Phone: (____) _____

E-mail: _____ E-mail: _____

REQUEST

Permit Number: _____ Project Name: _____

Check All That Apply:

- | | |
|--|--|
| <input type="checkbox"/> Manufactured Home Community Development | <input type="checkbox"/> Home Occupations |
| <input type="checkbox"/> Manufactured Home Community Operator Transfer Fee | <input type="checkbox"/> Condo Development |
| <input type="checkbox"/> Manufactured Home Community Operator | <input type="checkbox"/> Other _____ |

Location(s) - Street Address(es): _____

Subdivision or Planned Unit Development Name: _____

County PIN - Tax Parcel Number: _____ Zoning District: _____

Lot(s): _____ Block(s): _____ Section(s): _____ Township(s): _____ Range(s): _____

Zoning And Land Use Permit Information (if applicable)

New Construction or Modification To Existing Structure

Proposed Use _____ Estimated Cost _____

Description of Project or Pertinent Circumstances: _____

Attach any additional materials.

CERTIFICATION

I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing the application, I am acting with the knowledge and consent of those persons who are owners of subject property or are parties to this application. I understand that all materials required by the Town of Troy must be submitted prior to having this matter processed. I understand that public hearings or meetings may be required. I understand that additional fees or materials may be required as the result of considerations, which may arise in the processing of this docket. I understand that I am consenting to allow Town of Troy staff involved with this application or their designees to enter onto and inspect the subject property at any reasonable time, without obtaining any prior consent.

Signature

Date

Signature

Date

Phone: (715) 425-2665
<http://townoftroy.org>

Town of Troy
654 Glover Road, Hudson, WI 54016

FAX: (715) 425-2551

FEES

Fees are as established periodically by the Town of Troy Board and published in the official fee schedule.

BUILDING PERMITS ISSUED

ADMINISTRATIVE APPROVALS With a permit designated, dated and signed below, a copy of this document constitutes said permit.

Permit Type: _____ Dated: _____ Authorized _____ Signature: _____
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Permit Type: _____ Dated: _____ Authorized _____ Signature: _____
Permit Type: _____ Dated: _____ Authorized Signature: _____

INSPECTION DATES AND RESULTS (Includes any inspection to determine permit compliance with pertinent ordinances.)

Date: _____ Results: _____
Date: _____ Results: _____
Date: _____ Results: _____
Date: _____ Results: _____

GOVERNMENT APPROVALS (if required)

Any additional information, include in Staff Notes below or attach page.

Plan Commission Recommendation: _____ Dated: _____ Town Approval Date: _____
Board of Appeals Decision: _____ Dated: _____

CHECKLIST

All applications must be accompanied with the following:

Site Plan showing:

1. The length and width of the lot
2. The length and width of all existing structures
3. The length and width of all proposed structures
4. The distance from front, rear and side lot lines
5. The height in feet of proposed structure
6. All streets and easements
7. Driveways and parking spaces
8. Public utilities
9. The ordinary high water level
10. All floodway and floodway boundaries

Copy of warranty deed showing the legal description and ownership to site must be attached.

Other submittals as required by Town staff _____

STAFF NOTES
