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TOWN OF FOREST LAND USE PERMIT APPLICATION

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Property Owner	r							tea type, e.g. extensione
Mailing Address	S							
Home Phone: ()	Cei	i Phone	r (_)	and the second s		
Contractor/Age	nt	and the second s					n - n - n - n - n - n - n - n - n - n -	
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Home Phone:		Ce	ll Phone	£ (_)	agus di marini providente		
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Site Address:								
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	Block#:					avit Lat#:_		
	r (see lax bill):							
						CONTRACT CONTRACTOR		
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Zoning District	t: o Residential o A o Mineral Extractio	griculture	n Agri	cultura	Residential B	Commercia	l o Conserva	ency
		,						-
Permit Reque	sted: n Stick Built	Walk	Atta	ched	Proposed Stru	cture Size	Height	Number of
Dwelling	n Modular	Out		age	x			Bedrooms
	 Single/Dbl. Wide Seasonal Cabin 	n Yes	DN	es	=	SQ. FT.		
p Addition to	Description:	E 140			ucture Size	Height	Existing	Additional
Dwelling	Descriptore			_X			Bedrooms	Bedrooms
					SQ. FT.			
	Description.		Power	sed Str	ucture Size	Height		SE ONLY
a Accessory Building	Cescipioni		1.10bo	_X			044000	UMAN ATION
900					SQ.FT.			
p Other	Description:		Propo	sed St	nuclure Size	Height		
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Sanitary Pen	nit # (allach permit)	Type o	froad t	ne drive	away accesses:	oad o To	wn Road ol	Private Road

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Approved

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Centerline of road or front properly line Centerline of road or front properly line being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town forest, St. Crobx County, Wisconsin, for a Land Use Permit as authorized by the Town of Forest Zoning Ordinance for the above described property. declare that this application, including any supporting documents, is true, correct and complete to the bof my knowledge. I agree to allow Town and County officials charged with administering Town and County officials charged			Application No.				
Show dimensions, location and sethences of PROPOSED STRUCTURE in DOTTED LINES Show dimensions, location and sethences of PROPOSED STRUCTURE in DOTTED LINES indicate: "D" Dwelling, "A" Accessory Building," "ST" Septic Tank, "DF" Drainfield fore information may be requested by the Plan Commission or Town Board if deemed necessary to reperty evaluate your request. Feet Feet Feet Centerline of road or front property fine Lesing the application where of all the area herein described, hereby pefition the Town Board of the Town orest, St. Crob. County, Wisconsin, for a Land Use Permit as authorized by the Town of Forest Zonling Indicators for the above described property. declare that this application, including any supporting documents, is true, correct and complete to the bof my knowledge. I agree to allow Town and County officials charged with administering Town and Countrinsons, or their designess, to have access to the herein-described premises at any reasonable time to purpose of inspection. Return with payment to: Town of Forest ATTN: Town Clark 1985 County Read D Emeratel, Will 54813 FOR TOWN USE: Date Complete: Date Complete: Date Complete:							
Feet	 Show location of all EXISTING STRUCTURES in SOLID LINES Show dimensions, location and setbacks of PROPOSED STRUCTURE in DOTTED LINES indicate: "D" Dwelling, "A" Accessory Building, "ST" Septic Tank, "DF" Drainfield ore information may be requested by the Plan Commission or Town Board if deemed necessary to						
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SIDE PROPERTY LINE