

Application No.	
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## TOWN OF GARFIELD LAND USE PERMIT APPLICATION

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

Property Location: \_\_\_\_ 1/4, \_\_\_\_ 1/4, Sec. \_\_\_\_, T \_\_\_\_ N, R \_\_\_\_ W

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision/CSM #: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_

Parcel Number (see tax bill): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of Parcel: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ SQ. FT. OR \_\_\_\_ Acres

Zoning District:  Residential  Agricultural  Agricultural – Residential  Commercial  Conservancy

Permit Requested:

<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Stick Built <input type="checkbox"/> Modular <input type="checkbox"/> Single/Db. Wide <input type="checkbox"/> Seasonal Cabin	Walk Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Attached Garage <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Structure Size _____ X _____ = _____ SQ. FT.	Height	# of Bedrooms
<input type="checkbox"/> Addition to Dwelling	Description:	Proposed Structure Size _____ X _____ = _____ SQ. FT.		Height	Existing Bedrooms	Additional Bedrooms
<input type="checkbox"/> Accessory Building	Description:	Proposed Structure Size _____ X _____ = _____ SQ. FT.		Height	STORAGE ONLY NO HUMAN HABITATION	
<input type="checkbox"/> Other	Description:	Proposed Structure Size _____ X _____ = _____ SQ. FT.		Height		
Sanitary Permit #		Type of Road the driveway accesses <input type="checkbox"/> U.S. or State Hwy. <input type="checkbox"/> County Rd. <input type="checkbox"/> Town Rd. <input type="checkbox"/> Private Rd.				

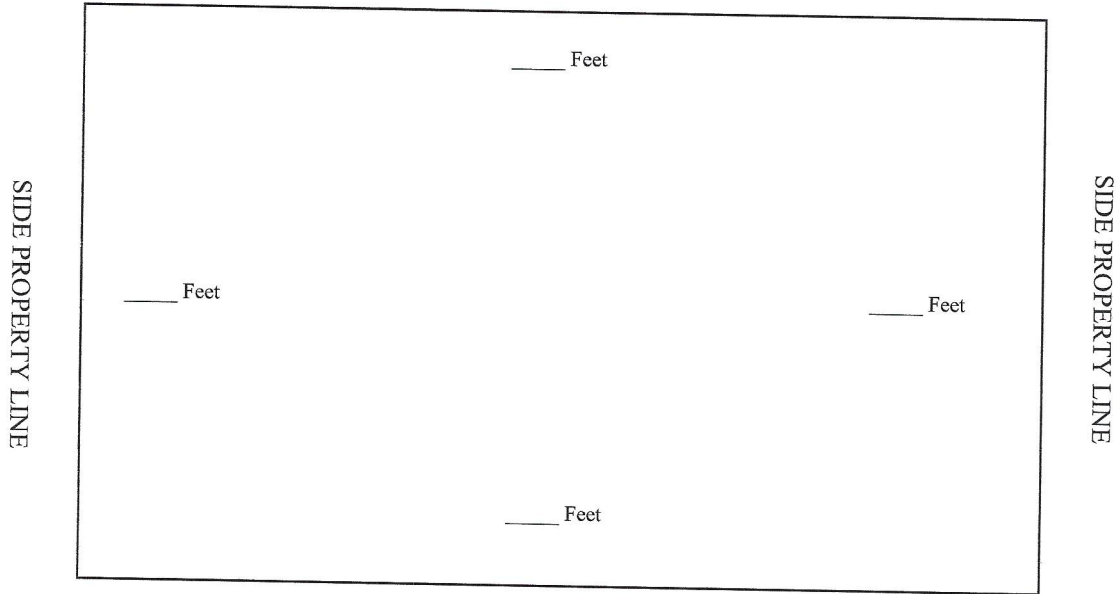


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Lot Layout:

- 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

More information may be requested by the Plan Commission or Town Board if deemed necessary to properly evaluate your request.



I, being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town of Garfield, Polk County, Wisconsin, for a Land Use Permit as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return with payment to:**  
**Town of Garfield**  
**690 Minneapolis St.**  
**Amery, WI 54001**  
**(715) 268-4857**

**FOR TOWN USE:**

Received By: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee(s) Paid: \_\_\_\_\_

