

CITY OF RICHLAND CENTER ZONING PERMIT

Property Owner _____ Mailing Address _____

Phone Number _____

DESCRIPTION OF PROJECT _____

Project Address _____ **Richland Center, WI 53581**

(Check one)

Principal Building Accessory Building Addition Deck Fence

ZONING: (Check one)

CITY	<input type="checkbox"/> R1 (Single family)	<input type="checkbox"/> R2 (One & two family)	<input type="checkbox"/> R3/4 (Three & four family)	<input type="checkbox"/> R5 (Five+ family)	<input type="checkbox"/> CG (Commercial General)	<input type="checkbox"/> CDT (Commercial Downtown)	<input type="checkbox"/> IND (Industrial)	<input type="checkbox"/> IP (Industrial Park)
ETZ	<input type="checkbox"/> EA (Exclusive Ag)	<input type="checkbox"/> AR (Ag-Residential)	<input type="checkbox"/> C (Commercial)	<input type="checkbox"/> I (General Industrial)				

Permitted Use Conditional Use

SETBACKS: (Check lot type and enter dimensions)

<input type="checkbox"/> Regular Lot	Front:	Left:	Right:	Rear:
<input type="checkbox"/> Corner Lot	Front:	Side w/St:	Int Side:	Rear:

Owner's Signature _____ Date _____

Conditions of approval _____

Conditional Use Permit	Planning Comm Approval	Date: / /
	City Council Approval	Date: / /

Variance	Board of Appeals Approval	Date: / /
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FEE \$ _____ Paid _____ 20____

Zoning Office 450 S Main Street Richland Center, WI 53581 608-402-6391	Permit #	Issued: / /
	Signature – Zoning Administrator	