

# City of Eagle River Zoning Permit Application

Site Address \_\_\_\_\_ Permit # \_\_\_\_\_

Building  Remodeling  Signs  Conditional Use  Re-Zoning   
Demolition  Excavation  Moving (*Deposit Required*)  Other \_\_\_\_\_

The undersigned hereby applies for a permit to do the work herein described and located on the application. The undersigned agrees that all work will be done in accordance with the Municipal Code of the City of Eagle River and with the statues of the State of Wisconsin Administrative Code applicable to the said premise.

Applicant Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

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

Intended Purpose of Application \_\_\_\_\_ Size of Structure \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

It is understood no structure or improvement may be constructed on City owned property, utility easements or highway right of ways without specific written permission from the City Council or designated representative. When establishing the site for construction, grade will be as established by City Council's designated representative. \_\_\_\_\_ (*Initial*)

**Expiration of Permit:** If no Zoning Compliance certificate is issued within two years of the date of the issuance of the building permit, such building permit shall lapse. The holder of the permit must apply for an extension to the Administrator who may grant an extension. If no compliance certificate is issued within twenty-four months of the date of the issuing of the building permit, such building permit shall lapse. The holder of the building permit may apply for a re-issue of the building permit to the Administrator. It is understood the total building permit fee will be assessed at this time. By the granting of this permit the undersigned agrees to allow Administrator unfettered and unlimited access to the subject property for inspections to determine compliance to the City of Eagle River Code of Ordinances and applicable laws.

**Diggers Hotline MUST be contacted prior to the start of the excavation 1-800-242-8511.** \_\_\_\_\_ (*Initial*)

Signature of Applicant or Agent \_\_\_\_\_ Date \_\_\_\_\_

***This permit is a zoning permit only. The improvement may require a building permit. For single family and two family residential properties you need to contact Baas Inspection Agency LLC at 715 891 0323 to determine if you need a building permit and inspection. For Commercial Property and Multi Family (4 or more units) you need to contact the State Building Inspector for District 7.***

Permit Fee \_\_\_\_\_ Project Cost \_\_\_\_\_ Zoning District \_\_\_\_\_

### Minimum Setbacks

Front \_\_\_\_\_ Corner Side \_\_\_\_\_ Each Side \_\_\_\_\_ Rear \_\_\_\_\_ Max Height \_\_\_\_\_

Site Plan Required \_\_\_\_\_ Approved \_\_\_\_\_

Remarks \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Zoning Administrator*

### *For Office Use Only:*

Permit distribution:  Clerk (w/check)  Light & Water  Fire Dept.(commercial only)  File

Payment: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Date: \_\_\_\_\_ Admin: \_\_\_\_\_ Date: \_\_\_\_\_