

TOWN OF WESCOTT

PO Box 536, Shawano, WI 54166

Ph: (715) 526-9853 FAX: (715) 526-9806

PERMIT APPLICATION

Permit Type:

Permit No. _____

Circle one: Variance Conditional Use Permit Zone Change Preliminary Plat
 Land Use Commercial Fill Permit Sign Permit

Permit Issued: _____ Permit Expires: _____ Fee: \$ _____ Date: _____
 (checks only - no cash)

Reason for request: _____

Property Owner:

Agent:

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City / State / Zip Code: _____

City / State / Zip Code: _____

Phone Number: _____

Phone Number: _____

Permit Detail:

Tax ID Number: _____ Physical Address: _____

Contact/Phone:

Terry Moede
715-526-9854

Building Inspector Richard Teetzen
715-853-6411 or 715-524-2846

Shawano County Zoning
715-526-6766

Application For: _____

Structure Width: _____ ft Length: _____ ft Diameter: _____ ft

Size: Height: _____ ft Depth: _____ ft Stores: _____

Minimum Setback Requirements:

_____ ft from Centerline of _____ (Road Name) _____ ft from N S E W Lot Line

_____ ft from N S E W Lot Line _____ ft from N S E W Lot line

_____ ft from High Water Mark of Lake/Channel/River/Flowage

Additional Information: _____

Zoning Districts: _____ Estimated Cost _____