

LAND USE PERMIT CONDITIONS:

- It is the owner's responsibility to address all deed restrictions and/or covenants governing the parcel
- Issuance of this permit does not exclude the owner from checking with the U.S. ACOE & WI DNR for additional permits or determinations of wetlands in the project area
- Project must not adversely affect surface water drainage to neighboring parcels
- Filling or grading within 300' landward of the OHWM of a navigable body of water shall not exceed any of the following: 2000 sq ft on slopes < 12%; 1000 sq ft on slopes of 12-20%; or on slopes > 20% unless CUP is obtained
- Roofing and siding materials having a highly reflective or high gloss finish shall be prohibited
- Structures to be located outside the floodway area
- Fill brought on-site for under building footprint is exempt
- Class D roadway (all private drives, alleys and easements) setbacks shall be 10' from the edge of such roadway
- Surface disturbance exceeding 1 acre requires notice of intent filed with WI DNR – Contact Sarah Zareczny at 920-662-5441
- Structure to be free standing and must be 200 sq ft or less, from aerial view including overhangs
- Structure to be use for personal storage only, no commercial uses or human habitation.

Signature:

The undersigned hereby agrees to that all work shall be done in accordance with the requirements of all Town of Wescott Ordinances and all applicable laws and regulations of the State of Wisconsin; and certifies that all the above information is true and accurate. Dimensions and distances provided on this form and all attachments hereto are true and correct. Applicant authorizes Town of Wescott Planning Commission, Zoning Administrator and Wescott staff to inspect the premise at all reasonable hours for the purpose of request consideration and/or conformity to this permit. Failure to deny access to the premises for inspection shall result in revocation of this permit. Fees must be paid in advance before request is placed on Plan Commission or Board of Appeals agenda. All fees are non-refundable.

Applicant Name Printed:	Applicant Signature:	Date:
Staff Name Printed:	Staff Signature:	Date:

Office Use Only

Check Number:	Fee Amount:	Date:	Receipt #:	Received by:
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