

MONONA COUNTY SPECIAL USE PERMIT APPLICATION

APPLICANT INFORMATION

Name _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip Code _____

| | | | |
|--|-------------------|-------------------------------|-----------------|
| PROJECT LOCATION INFORMATION | | | |
| Project Physical Location (911 Address if available) | | City | State |
| | | | Zip Code |
| Parcel Information | Parcel ID # _____ | Current Zoning District _____ | |
| _____ Quarter of the | _____ Quarter of | Township _____ | Section # _____ |

| Proposed Construction/Improvement Description | Dimensions | Proposed Use |
|---|------------|--------------|
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Provide detailed reason for request

The Applicant must provide, at the the time of submission of this application:

_____ A COMPLETED Zoning Compliance Permit Application for any structural modifications and/or additions related to this Special Use Application

_____ PAYMENT for all applicable fees due

_____ A SITE PLAN/PLAT OF SURVEY showing the following:

- North arrow and scale
- All lot line dimensions and other dimension lines as necessary (distances from proposed structure to all lot lines)
- Dimensions of all proposed structures
- All roads abutting the property and existing or proposed access(es) with a dimension line from the nearest side property line to the center of the driveway

Please submit 1 original - 5 copies of all of the above requirements

PERMITS REQUIRED BY THE SECONDARY ROADS OFFICE AND/OR OTHER REQUIRED PERMITS ARE THE RESPONSIBILITY OF THE APPLICANT

The undersigned applicant certifies that the foregoing information is true and correct.

Owner _____ Date _____ Agent _____ Date _____

| | |
|--|-----------------------|
| FOR OFFICE USE ONLY | |
| Special Use Permit # _____ | |
| BOA Action on Application: _____ Approve _____ Deny _____ Date _____ | |
| Conditions imposed: _____ | Date Received _____ |
| _____ | |
| Approved Separation distances, in FT: Front Yard _____ Rear Yd _____ Side 1 _____ Side 2 _____ | |
| Board of Adjustment Approval (signature) _____ Date _____ | Fee: _____ |
| | Date of Payment _____ |
| | Check/Receipt # _____ |
| Zoning Administrator (signature) _____ Date _____ | |