

**TOWN OF ST CROIX FALLS LAND USE PERMIT APPLICATION**

**MAKE CHECKS PAYABLE TO:**

Town of St. Croix Falls  
 1305 200th Street  
 St. Croix Falls, WI 54024  
 715-483-1851 M, T, Th, F 8:00am - 1:00am

NO.	
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Property Address (Number & Street or Avenue) \_\_\_\_\_

Property Owner \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email (optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contractor	
Address	
City	State Zip
Phone Number	Mail Permit to Contractor Yes _____ No _____
Previous Owner	Date Purchased
Adjoining Owner	
Adjoining Owner	

**LEGAL DESCRIPTION OF PROPERTY - SEE TAX BILL**

Parcel # / Computer # - See tax bill  
**044-** Section \_\_\_\_\_ Size of Parcel \_\_\_\_\_

PERMIT REQUESTED FOR: Fill in appropriate line(s) (BE SPECIFIC)

	New Dwelling	<input type="checkbox"/> Stick Built <input type="checkbox"/> Manufactured	Attached Garage Yes___ No___	Sanitary Permit No.	# of Bedrooms	Size of Proposed Structure	Height	
<input type="checkbox"/>						X - SF		
<input type="checkbox"/>	Addition to Dwelling	Deck, Garage, Bedrooms, Expansion, etc...					X - SF	Height
<input type="checkbox"/>	Accessory Building	<input type="checkbox"/> W/Electric Only - STORAGE ONLY NO HUMAN HABITATION <input type="checkbox"/> W/Electric <input type="checkbox"/> W/Plumbing <input type="checkbox"/> Bunk House	Description: Garage, Shed, Boathouse, Farm Bldg, etc...			X SF	Height	
<input type="checkbox"/>	Commercial Building	Description					X SF	Height

I, being owner/owner's agent of all the area described, hereby petition the Town Board of the Town of St. Croix Falls, Wisconsin, for a Land Use Permit as authorized by the Town of St. Croix Falls Zoning Ordinance for the above described property.

I declare that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief it is true, correct, and complete. I agree to permit Town and County officials charged with administering Town and County ordinances or other authorized person to have access to the above-described premises at any reasonable time for the purpose of inspection.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

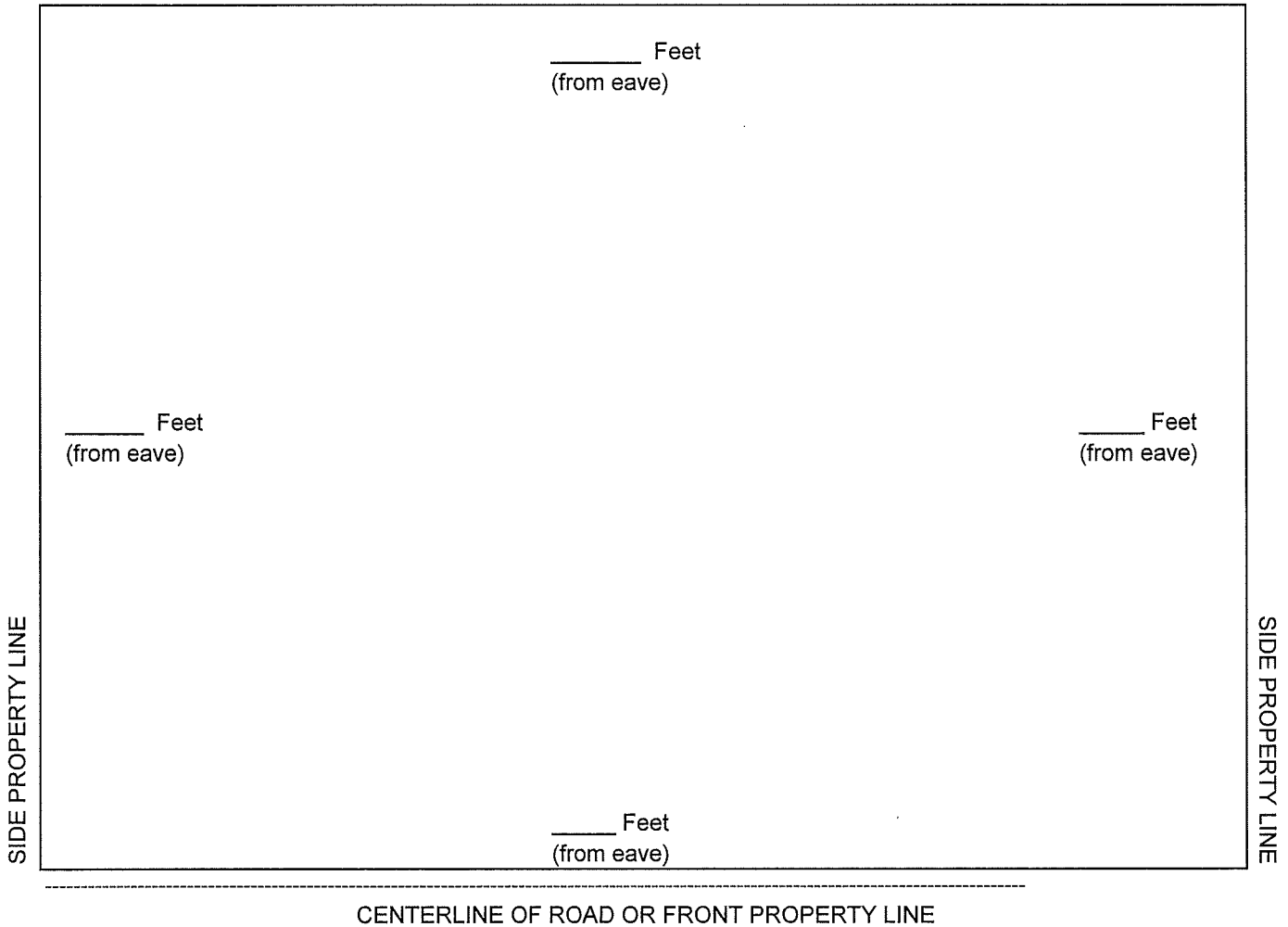
Received By: _____
Date Filed: _____ Fee Paid: _____
Comments: _____

Put a "X" next to the type  
of road your driveway is off of:

Private Road \_\_\_\_\_ Town Road \_\_\_\_\_ County Road \_\_\_\_\_ US / State Highway \_\_\_\_\_

# LOT LAYOUT

NORMAL HIGH WATER LINE OR REAR LOT LINE



Show location **ALL EXISTING STRUCTURES** in **SOLID LINES**

Show dimensions, location and setbacks of **PROPOSED STRUCTURE** in **DOTTED LINES**

Indicate: "D" dwelling, "A" accessory building, "ST" septic tank, "DF" drain field