Brodhead
revive. renew.
live. breathe. do.

CITY OF BRODHEAD
BUILDING INSPECTION DEPARTMENT
1111 W 2ND AVENUE, PO BOX 168
BRODHEAD, WI 53520-0168
608-897-4018 Ext. 172 or 558-9119

ZONING PERMIT APPLICATION

SECTION I TO BE COMPLETED BY APPLICANT

PERMIT NO. _____

JOB ADDRESS (Street Number and Name)	LOT #	SUBDIVISION
OWNER'S NAME	MAILING ADDRESS (Include Zip Code)	DAYTIME PHONE #
CONTRACTOR'S NAME	MAILING ADDRESS (Include Zip Code)	DAYTIME PHONE #

PROJECT (Check One) ☐ NEW BUILDING ☐ ADDITION ☐ ALTERATION OR REPAIR TO EXISTING BUILDING ☒ MOVING ☐ DEMOLITION ☐ OTHER _____

BUILDING TYPE (Check One) ☐ SINGLE FAMILY ☐ DUPLEX ☐ MULTI-FAMILY ☐ COMMERCIAL/INDUSTRIAL ☐ GARAGE/STORAGE ☐ OTHER _____

I, the undersigned, do hereby certify that the above information is correct and agree that in the performance of this work I will be bounded by and submit to all statutes of the State of Wisconsin, conform to all applicable codes and ordinances of the City of Fitchburg and abide by all rules and regulations prescribed by the Zoning Department.

SIGNATURE OF APPLICANT DATE

SECTION II TO BE COMPLETED BY PLANNING/ZONING OFFICIALS

FLOODPLAIN YES _____ NO _____	WATER Municipal _____ Private _____	SANITARY PERMIT NO. _____
URBAN SURFACE AREA YES _____ NO _____	SEWER: Municipal _____ Private _____	
C.U.P., REZONING OR VARIANCE PERMIT NO. _____	BUILDING PERMIT NO. _____	
PROPERTY DESCRIPTION	PARCEL NO.	

ZONING DISTRICT	LOT AREA (Sq. Ft.)	REQUIRED SETBACKS (in feet)	FRONT	REAR	LEFT	RIGHT	OTHER
APPROVED USE OF BUILDING		ARCH. APPROVAL DATE					
DATE ISSUED	EXPIRATION DATE	ZONING OFFICIAL					
PERMIT FEE							

CONDITIONS OF APPROVAL — This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

1. ALL LOT CORNERS MUST BE VISIBLE OR INDICATED BY STAKES.