

# CITY OF MINERAL POINT ZONING PERMIT

CITY CLERK: The undersigned hereby applies for a permit to do work herein described and located as shown. The undersigned agrees that all work will be done in accordance with the Zoning Ordinance and all other ordinances of the City of Mineral Point and with all laws of the State of Wisconsin, applicable to said premises, and with the information hereon.

PROPERTY ADDRESS: \_\_\_\_\_

APPLICANT/PROPERTY OWNER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

AGENT/CONTRACTOR (IF NOT PROPERTY OWNER)

Name: \_\_\_\_\_

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

TYPE OF PERMIT REQUESTED: Checks Applicable:

- ( ) Zoning Permit
- ( ) Certificate of Appropriateness (Historic)

SHORT EXPLANATION OF WORK TO BE COMPLETED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Permit & Certificate of Appropriateness Application Fees:

Flat Fee: \$50.00

+ \$3.00 per \$1,000 of the estimated Project Cost

+ \$25.00 Meeting Fee (for COA Applications, only if needed)

ESTIMATED PROJECT COST: \$ \_\_\_\_\_

FEE: \$ \_\_\_\_\_ DATE PAID: \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

APPLICATION SUBMITTED: \_\_\_\_\_

ZONING ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

COA APPLICATIONS ONLY

TWO PERSON COMMITTEE: \_\_\_\_\_ Date \_\_\_\_\_

-OR-

COMMISSION APPROVAL @ MEETING: \_\_\_\_\_ MEETING DATE: \_\_\_\_\_

Historic Preservation Chairman

PERMIT NUMBER: \_\_\_\_\_

## Site Plan for Additions and/or New Accessory Buildings

Fill in dimensions on this plat and locate any accessory building, street with setback, **OR** attach your own plans.

Lot Size: \_\_\_\_\_

New Accessory Building Dimensions: \_\_\_\_\_LENGTH\_\_\_\_\_WIDTH\_\_\_\_\_HEIGHT

