



Buffalo County Zoning Department

407 S. Second Street ■ PO Box 492 ■ Alma, WI 54610 (608) 685-6218

Fax: (608) 685-6213

www.co.buffalo.wi.us

Zoning Permit Application

Permit Issue #: _____

Property Owner Name: _____	Phone #: _____
Mailing Address: _____	
Email Address: _____	

Agent Name: _____	Phone #: _____
Mailing Address: _____	
Email Address: _____	

SITE INFORMATION	Parcel Number: _____ - _____ - _____
Site Address: _____	
Property Description: _____ ¼ _____ ¼ Sec. _____, T _____ N, R _____ W, Town of _____	
Parcel Size in Acres: _____ Square Feet: _____	
Legal Description: _____	

PROPOSED DEVELOPMENT / LAND USE	
Complete Description: _____ _____	
Use: Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Recreational <input type="checkbox"/>	
Type: New Dwelling <input type="checkbox"/> New Accessory Dwelling <input type="checkbox"/> New Recreational Dwelling <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Mobile Home <input type="checkbox"/> Land Alteration <input type="checkbox"/> Sign <input type="checkbox"/> Ag Structure <input type="checkbox"/> Change of Use <input type="checkbox"/> Home Business <input type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial/Industrial Addition <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Private Burial Plot <input type="checkbox"/> Demolition <input type="checkbox"/> Shoreland Grading <input type="checkbox"/>	
Structure Dimensions:	Length: _____ Width: _____ Height: _____
Structure Location Measurements:	Side Yard (near): _____ Side Yard (far): _____ Rear Yard: _____ Road Centerline: _____ Stream/Water Feature: _____ Septic Tank: _____ Drainfield: _____ Well: _____
Value: _____ (required for new dwelling)	Number of Bedrooms: _____

SIGNS	
Distance to Business: _____	Square feet: _____ Number: _____
Distance to Road Right-of-Way: _____	Illumination: <input type="checkbox"/> yes <input type="checkbox"/> no

SEPTIC SYSTEM	
Type of Septic System: _____	Date Installed: _____
Has the septic system been pumped in the last three years: <input type="checkbox"/> yes <input type="checkbox"/> no Pumper: _____	

SITE PLAN

A detailed site plan must be submitted with your application or the application will be deemed incomplete and returned. The site plan may be drawn on the following page or on a separate piece of paper or survey map. The location of the following features must be included on the site plan:

- Configuration of Parcel with all Dimensions North Arrow Roads Including Driveways
- All Existing Structures Proposed New Structure(s) or Addition(s) Easements
- Distances from Property Lines and Road Centerline Septic Tank and Drainfield
- Well Location Water Features and Potential Wetlands

- ◆ **The applicant must stake or otherwise mark the location at the development site** of all proposed new structures, additions or other improvements including driveways, septic system, well, etc. **A site inspection will be conducted** by the Buffalo County Zoning Department prior to issuing the Zoning Permit.

WETLAND NOTICE

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources Wetlands Identification Web Page or contact a Department of Natural Resources Service Center.

APPLICANT SIGNATURE

I certify by my signature that all information presented herein is true to the best of my knowledge. I understand that I am subject to all applicable codes, statutes and ordinances of Buffalo County and the State of Wisconsin. Providing incorrect information may cause a delay in permit processing or denial. I give permission for the staff of the Buffalo County Zoning Department to enter upon my property for the purpose of verifying that the standards and requirements of the Zoning Department are met.

Owner/Agent Signature _____ Date: _____

FEES:	\$75	Agricultural /Farm Structure – 150 to 1,000 square feet, RV Siting, Sign, Home Occupation, Nonconforming Structure Modification
	\$130	Agricultural/Farm Structure – 1,000 to 2,000 square feet, Accessory Structure, Addition, Change of Use, Tourist Rooming House, Bed & Breakfast, Private Burial Plot, Demolition, Home Business, Shoreland Grading
	\$270	Agricultural/Farm Structure – 2,000 to 4,000 square feet, Dwelling; Single Family or Duplex, Accessory Dwelling, Recreational Dwelling, Mobile Home, Land Alteration, Commercial or Industrial Addition
	\$500	Agricultural/Farm Structure over 4,000 square feet, Commercial or Industrial Buildings, Class II Collocation.

Make Checks payable to: **Buffalo County Treasurer**

Return Completed application to: **Buffalo County Zoning Department, PO Box 492, Alma, WI 54610**

Zoning Permits shall be considered void if the work authorized by the zoning permit is not completed within 24 months of the date of approval. The applicant may, with a fee, apply for a one-time, 12 month extension provided a written renewal request is submitted before the original expiration date.

NOTICE: An after-the-fact fee of five times the applicable zoning permit fee shall be charged if work is started before a permit is issued. Permit application fees are non-refundable.

SITE PLAN

Include all features listed on previous page. **Site plan may be drawn in the box below or on a separate piece of paper or survey map.**



EROSION CONTROL AND STORMWATER MANAGEMENT

Sediment and erosion control and stormwater management are an important aspect of all land disturbing activities. Additional review and permitting may be required if your site is within 300 feet of a stream or if your site is on steep slopes of 12% or greater. If your development activity will disturb one acre of land or more you are required to apply for a Wisconsin Pollution Discharge Elimination System (WPDES) permit from the Wisconsin Department of Natural Resources.

ZONING DEPARTMENT USE ONLY

Date Application Accepted: _____

Accepted By: _____

Receipt #: _____

APPLICABLE FEES

Zoning Permit: _____

Purpose: _____

Sanitary Permit: _____

Driveway Permit: _____

Address Permit: _____

Total Fees: _____

Check # : _____ or Cash

Zoning District: _____

Soil Test Required: yes no

Septic Permit Required: yes no

Shoreland: yes no

Wetlands: yes no

Floodplain: yes no

Steep Slopes: yes no

% slopes at Development Sites: _____

% slopes at Driveway: _____

Inspection Date

Inspector

Comments

- _____

- _____

Permit Application Approved by: _____ Date: _____

Permit Application Denied for the following reasons: _____

Signature: _____ Date: _____