



1126 Main St PO Box 50
Gresham WI 54128
715-787-3244

Application for Zoning Permit

The undersigned hereby submits application for a zoning permit for the described and located, as shown in this application and attachments to the application. The undersigned agrees that all such work shall be done in accordance with all the requirements of the Village of Gresham’s zoning and ordinance and all other applicable ordinances of the Village of Gresham, and the State of Wisconsin. A permit fee of \$30.00 must be paid before the application will be considered. Questions may be directed to Joe Ejnik (Zoning Administrator) at 715-853-1654.

- 1. Type of Work: New Building
 Addition
 Alteration
 Other: _____

2. Zoning District: _____

3. Intended Use of Structure: _____

4. Length and Width of Lot: _____ L x _____ W

5. Building Dimensions: _____ ft. x _____ ft. _____ total sq. ft.

6. Building Height: _____ ft.

7. Approximate Project Cost: \$ _____

8. Floodproofing Required? yes no (if yes, please describe on separate sheet)

9. Legal Description of Land, or Lot Location: _____

10. Attach a site layout drawn to scale, showing location and dimension of all proposed buildings or structures, and all required open spaces, yards, lot lines, and parking or loading areas.

Other information may be required by the Zoning Administrator and must be submitted upon request.

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Signature: _____ Date: _____

