

Kheli Mason
Town of Lyndon Zoning Administrator
608-553-1599

kmason@msa-ps.com
1230 South Boulevard
Baraboo, WI 53913

Town of Lyndon Zoning Permit For Permitted Uses Zoning Application # _____

Property Owner/Applicant Information: (Please fill out completely)

Owner(s): _____

Address: _____

Phone: _____ Email: _____

Applicant/Architect(s)/Professional Engineer(s)/Developer(s)/Contractor(s):

Address: _____

Phone: _____ Email: _____

Location of Proposed Project:

Legal Description: _____ 1/4 _____ 1/4, Sec. _____, 14T, R _____ E or Gov. Lot _____ of _____ Subdivision

Lot or Parcel Size Width _____ Length _____ Acres _____ Date Subdivided _____

Address of the Subject Site: _____

Parcel Number 29024 _____ Type of Structure _____

Existing and proposed operation or use of the structure or site: _____

Number of Employees _____ Zoning District within which the subject site lies _____

Survey: *Please provide the following:* Plat of survey, and a reduced map not larger than 11"x17", prepared by a land surveyor registered in WI (or at the Town's discretion, a scaled drawing) showing the location, boundaries, dimensions, uses and size of the following: subject site; existing and proposed structures; existing and proposed easements; streets and other public ways; off-street parking, loading areas, and driveways; existing highway access restrictions; high water, channel floodway, floodplain shoreland, and wetland boundaries; and existing and proposed street, side, and rear yards.

Additional information as may be required by the Zoning Administrator

I am applying for a zoning permit and agree that all construction and use of the property that is the subject of this application will be in accordance with the Town of Lyndon Zoning Ordinance and all other applicable ordinances and laws of the State of Wisconsin. I understand that the issuance of this permit creates no liability, expressed or implied on the part of the Town of Lyndon.

Owner/Agent _____ Date _____ (over to page 2)

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Posting: The applicant shall post such permit in a conspicuous place at the site while performing any work under the permit.

Expiration: The permit shall expire within four (4) months after issuance unless work equal to 10% of the dollar amount of the project has been completed, and the permit shall expire within eighteen(18) months after issuance if the structure for which a permit issued is not 75% completed as measured by the dollar amount of the project. Once a permit has expired, the applicant shall reapply for a zoning permit before recommencing work on the structure. Any permit issued in conflict with the provisions of provisions of Zoning shall be null and void.

Effect on Other Permits: Once a zoning permit is granted, no other permits (e.g. Erosion Control Permit, Site Plan approval, Certificate of Occupancy, Driveway permit, sewer/water hook-up, Building Permit, etc.) shall be issued for any development which do not comply with all requirements of the granted zoning permit and Town of Lyndon Ordinances.

Fees: All applicants shall pay a zoning permit fee of \$100.00 for finished or \$50 for unfinished. Zoning permit fees do not include, and are in addition to, building permit fees established by the Building Code, and other fees which may be imposed for Driveway, etc.

A double fee shall be charged by the Zoning Administrator if work is started before a permit is applied for and issued. Such double fee shall not release the applicant from full compliance with Town of Lyndon Zoning Ordinance nor from prosecution for violation of Town of Lyndon Zoning Ordinance.

All applicants shall reimburse the Town for the time spent by Staff and consultants in reviewing and processing eh application, pursuant to WI ss. 22.937(4)

The Town may delay any and all action and steps required above, including public hearings, until such time as all fees required hereunder have been paid. An application is not considered "complete" and ready for consideration until all fees have been paid.

Incomplete applications will not be reviewed and will be sent back to the applicant.

| For Office Use Only | | |
|---|------------------|-----------------------|
| Application Received _____ | Permit Fee _____ | Zoning District _____ |
| Reason for Denial/Condition of Approval | | |
| Signed _____ | Date _____ | |
| Town of Lyndon Zoning Administrator or designee | | |
| | | |