

# Town of Harrison Waupaca County Land Use Permit Application

Applicant's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Applies for Permission to:

CONSTRUCT ( )

MOVE ( )

REMODEL ( )

The following:

DWELLING ( ) MOBILE HOME ( ) ADDITION ( ) ACCESSORY BUILDING ( )

Accessory buildings will not be used for, or house living quarters.

SIZE	SPECIFICATIONS FOUNDATION		OUTFITTING	
			Yes	No
Width _____ ft.	Concrete Wall	( )	Electricity	( ) ( )
Length _____ ft.	Block Wall	( )	Water System	( ) ( )
Area _____ ft.	Slab	( )	Heating	( ) ( )
No. of Stories _____	Pole	( )	Fireplace	( ) ( )
No. of Rooms _____	Pier	( )	Septic System	( ) ( )
Use _____	No. of Entrances _____		Basement	( ) ( )
Roofing Type _____	Siding Type _____		Chimney Type _____	

TOTAL ESTIMATED COSTS: \$ \_\_\_\_\_

Estimated Completion Date \_\_\_\_\_

Permit expires 1 year from approval date

This permit does not replace or supersede any applicable County or State ordinances or regulations, such as Shoreline Zoning. You are responsible for checking with the appropriate officials.

I understand and acknowledge that by checking this box, I am legally agreeing to all of the statements in this document.

Permit# \_\_\_\_\_

\$60.00 Fee Paid \_\_\_\_\_

Applicant Print Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Fire No. \_\_\_\_\_

Sanitary Permit No. \_\_\_\_\_

UDC Permit applied for (new dwellings only)

revision (01/11/22)