



# City of Augusta

145 West Lincoln St  
P.O. Box 475  
Augusta, WI 54722

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## Zoning Permit Application

Property Owner Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

### SITE INFORMATION

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

Zoning District: \_\_\_\_\_

#### Measured Setbacks:

Front \_\_\_\_\_ Rear \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ OHWM (If applicable) \_\_\_\_\_

The undersigned hereby requests a site plan approval for the following;

#### TYPE

- Residential
- Commercial
- Agricultural

- Single family residential dwelling
- Two family residential dwelling (duplex)
- Residential additions and alterations
- Residential accessory buildings
- Other (fence, deck, pool, agricultural) \_\_\_\_\_

#### PROJECT

- New Commercial building
- Commercial addition/alteration
- Commercial accessory building
- Signs

Is the building site in the flood plain as designated by the flood plain map on file with the City of Augusta?

- Yes
- No

If yes, a **Certificate of Elevation** is required.

Cost of Project: \$ \_\_\_\_\_

It is understood that a **site plan must be included with this application** and a zoning permit will not be issued before application and fees are filed with the Building Inspector, City of Augusta

\_\_\_\_\_  
(Signature) Owner Date of Application \_\_\_\_\_, \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_, \_\_\_\_\_

Application Approved \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_