



CITY OF OWEN

PO Box 67, Owen, Wisconsin 54460
Phone 715-229-2404 Fax 715-229-0022

Zoning Permit Application

New Permit Renewal Permit Late Renewal After the Fact Permit

Permit Applicant:

Last Name

First Name

Project physical Address

Mailing Address

City

State

Zip Code

Telephone/Cell Number

Zoning District: _____

Specific Use: _____

District Regulations:	Minimum Lot Size:	_____
	Front Setback:	_____
	Side Setback:	_____
	Rear Setback:	_____

Additional Requirements: _____

Statement of conformity to the requirements of the zoning ordinance.

Applicant's Signature: _____

Date: _____

Fees Paid: _____
(See Schedule of Fees)

Approved by Zoning Adm. _____
(*Signature is required by CJ Kreuzscher)