

ZONING OFFICER

TOWN OF ROCK, ROCK COUNTY, WISCONSIN

Dear Applicant:

Enclosed is the zoning permit application you requested. After you have completed the application, please mail it to me at the following address:

Tony Dubanowich
4833 Greenfield Rd
Janesville, WI 53548
Phone-608-931-2172

New Home Construction-send copies of permits with this application:

- A. Driveway permit-Highway Department
- B. Sanitary permit-Health Department
- C. Zoning/Building site permit-Rock County Planning and Development

1000" or closer to Shoreline (any building):

- A. Zoning/Building Site Permit-Rock County Planning and Development

Be sure to include the following:

1. Check payable to Town of Rock in the amount of \$50.00
2. Plot Plan(drawing) showing:
 - a. Lot dimensions
 - b. Location of existing buildings and new construction
 - c. Distance from right-a-way, center of road(if possible), side yard and rear yard to new construction
 - d. Location of septic tank and field, well and utility hookups
 - e. Distance of septic tank and field, well and utility hookups to new construction if less than 20 feet.
3. Tax parcel number 6-17-_____. (This is usually only a 2-5 digit number following the 6-17-####). Only this number is applicable. You can find this number on tax receipts or the original house documents or call (608) 757-5610.
4. Stake out area where new construction will be located. This must be done when you send in your permit or your permit will be delayed.

NOTE: Accessory buildings, minimum setbacks-R-1 & R-2 districts:

With sewer: Side yard: 3' Rear-25' Fronts-25' from right-a-way & 85'-center of road

Without sewer (septic system): Side yard-5' Rear-25' Front-50' from right-a-way & 85'-center of road

Tony Dubanowich-Zoning Officer

TOWN OF ROCK ZONING PERMIT APPLICATION

A zoning permit is required when any structure is being placed on the property. If you need assistance with this application, please contact the Zoning Officer at (608) 931-2172. A Building Permit may also be required please contact the Building Inspector at (608) 754-3154 for more information. Zoning Permit must be approved before a building permit can be issued.

Owner's Name:			
Owner's Address:	City:	Zip:	Phone:
Applicant's Name: (If different than Owner)			
Applicant's Address:	City:	Zip:	Phone:
Relationship of Applicant to Owner:			
Reason(s) for requesting Zoning Permit (Please check appropriate box or boxes):			
<input type="checkbox"/>	1. New Construction: Home Garage Shed 2 nd Garage Other Building: _____ Size: _____ (Length x wide Dimensions) Total Size: _____ (Sq. Ft.) Height: _____ Feet Description: _____		
<input type="checkbox"/>	2. Other Construction Types: Deck Pool Screened Porch Other: _____ Size: _____ (Length x wide Dimensions) Height: _____ Feet		
<input type="checkbox"/>	3. Building Repairs: _____ (Type of structure) Is Percentage being repair over 50%: Yes No		
<input type="checkbox"/>	4. Change in Building or Land use: _____		
<input type="checkbox"/>	Sign – Type: on Building on Door on Property Other: _____ Size: _____		
<input type="checkbox"/>	6. Antenna or Tower modifications – List: _____		
Address of Property (Street & City):			
Tax Parcel Number of Property: 6 – 17 -- _____		Size of Property: _____ Acres	
Legal Description of Property (Required only for parcels with no existing residence or primary structure):			
Present Use of Property: Residential Agriculture Commercial Light Industrial Other: _____			
Proposed Use of Property, or of Any Structures to be Erected or Modified Under This Permit: <i>(Note: All commercial uses – including the storage of supplies and equipment – must be declared on this application even if secondary to residential use)</i>			
Zoning Classification of Property (circle one): Residential: RR R-1 R-2 Agriculture: A-1 A-2 A-3 Special: SP Commercial: B1 B2 Light Industrial: M1 M2 Mobile Home Park: MHP Institutional: IN			
<u>A MAP/ Plot Plan MUST BE ATTACHED TO THIS APPLICATION:</u> Draw an accurate to scale map (plot plan – top view) of property:			
EVERY Permit MUST include a map/ plot plan showing:			

- (A) ALL buildings & New Structure(s) being added on property
- (B) Septic Tanks, Drain Fields, Well, Gas Lines & Electric Lines
- (C) Any & All Roads next to property -- List name of street (s)
- (D) The location of any roof overhangs exceeding 36 inches
- (E) Bodies of water abutting up to property – List name of water (if applicable) & location
- (F) List size of property (acres)
- (G) **New Structures – Include:** building size, height and setback distances (distance from new structure to lot line)
 Front – Center of Road & front lot line (right-a-way), Rear and Side yard setbacks

OPTIONAL (ONLY INCLUDE IF APPLICABLE):

1. New HOME: MUST first obtain a septic sanitary permit – call Rock County Public Health Dept. -- 608-757-5441
 MUST first obtain a driveway permit – call Rock County Public Works Dept. – 608-757-5450
 MUST list finished living space in house & garage area (in total square footage)
2. Adding an **Attached Garage (ONLY):** MUST list finished living space in house & garage area (in total square footage)
3. LOCATION: will be near an **Airport (within 3 miles)** or Body of **Water (Within floodplain area or high water mark):**
 MUST first obtain permits from Rock County Planning & Development -- 608-757-5587
4. Tower: MUST include all engineering drawings and studies for wind and ice loads, size & height, list all antennas & equipment
5. Signs: MUST include pictures or drawing, size & height – If sign is attached to building -- MUST include length of building

**** NOTE:** A copy of ALL county permits MUST be included with this town zoning permit (Documents will NOT be returned)
SEND: A check, payable to the Town of Rock, in the amount of \$50.

Certification:

I, the undersigned, hereby certify and attest that I have read this Application and understand it. All information which I have provided herein is true and complete to the best of my knowledge. I understand and agree that any omission or false representation herein on my part and/or failure to comply with any of the conditions of the Zoning Permit and/or requirements of the Town of Rock Zoning Ordinance constitutes violations of law for which I may be prosecuted and sufficient basis to suspend and/or revoke this Zoning Permit.

 Signature of Owner/Applicant

 Date

TOWN OF ROCK ZONING PERMIT -- (OFFICAL USE ONLY)

_____ Granted
 _____ Denied
 _____ \$50.00 Fee Paid

Date _____
 Permit No. _____
 Parcel No. _____

All construction must comply with applicable building codes and local ordinances. The description, use, and location of all structures erected or modified under this permit must be as shown on the application and attached plot plan. **Any changes made after this permit is issued will require a new permit.**

This Permit is issued subject to the following conditions. Failure to comply may result in suspension or revocation of this Permit or other penalty. _____

 Zoning Officer

 Date Issued

Plot Plan - New HOME

Drawing must include the following: Property line, house, attached garage, septic tank, septic field
All existing accessory buildings (if any), well, gas and electrical lines.

A. Lot -

1. Shape
2. Size - Front, Sides & Back Dimensions

B. Street(s) Adjoining Lot -

3. Location(s)
4. Name of Street(s)

C. Location of New HOME on Property -

5. Location Marked
6. Front Setback Dimensions
7. Left Side Setback Dimensions
8. Right Side Setback Dimensions
9. Rear Setback Dimensions

D. Location of -

10. Septic Tank
11. Septic Field
12. Well



