



Village of Sister Bay
 2383 MAPLE DRIVE • SISTER BAY, WI 54234
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Standard Zoning Use Permit

▼ THIS AREA FOR OFFICE USE ONLY ▼	
Account No.	Permit Issued Date
Fee Amount Paid:	Receipt #:

NAMES & MAILING ADDRESSES

Applicant (Agent or Builder)	Property Owner
Street Address	Street Address
City • State • Zip Code	City • State • Zip Code
Business Phone	Home Phone
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Parcel Identification Number (PIN)	Is this property connected to public water? <input type="checkbox"/> No <input type="checkbox"/> Yes
Street Address of Property in Sister Bay	Is this property connected to public sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes

PROPOSED PROJECT

Type of Construction (If Any)	Proposed Use Details
<i>If you are building a new building, accessory structure or addition to an existing building you must complete the Standard Zoning Permit Building Form instead.</i> <input type="checkbox"/> Commercial building new (Use other form.) <input type="checkbox"/> Commercial building remodel <input type="checkbox"/> Accessory building new (Use other form.) <input type="checkbox"/> Other _____ _____	<i>If more space is required use the back of the form.</i>

CERTIFICATION

I, the undersigned, hereby apply for a Land Use Permit and certify that all the information both above and attached is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with the Sister Bay Zoning Code and with all other applicable laws and regulations. I hereby authorize the Zoning Administrator to enter the above-described property for purposes of obtaining information pertinent to my application request and to conduct land use code inspections.

Signature _____ Date _____

◆ AREA BELOW THIS LINE FOR OFFICE USE ONLY ◆

Zoning /Overlay District _____	Zoning Administrator			<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Road/Highway Designation <input type="checkbox"/> Village <input type="checkbox"/> US/State <input type="checkbox"/> County <input type="checkbox"/> Private	Existing Right-Of-Way	Required Road/Highway Setback From Right-of-Way _____ From Centerline _____	Maximum Lot Coverage Allowed _____ Existing _____ Proposed _____ Aggregate _____	

PROPOSED USE

ATTACH A DESCRIPTION OF YOUR PROPOSED BUSINESS FOR THE LOCATION INCLUDING THE TYPES OF ACTIVITIES, NUMBER OF EMPLOYEES, HOURS OF OPERATION, THE SQUARE FOOTAGE OF ALL PROPOSED BUSINESS USES AND OTHER RELEVANT DETAILS.