

**TOWN OF UTICA
APPLICATION FOR ZONING PERMIT**

INSTRUCTIONS

Applications are to be filed with the Town Clerk, and he/she shall refuse the applications that are not complete and are not legible.

NAMES, ADDRESSES, PHONE NUMBERS, EMAIL ADDRESSES

Applicant/Owner of the site: _____

Address of the site: _____

Mailing Address, if different from above: _____

Phone Number: _____ Email Address: _____

Architect/Professional Engineer/Contractor: _____

Phone Number: _____ Email Address: _____

DESCRIPTION OF THE SUBJECT SITE

Location and/or metes and bounds description:

Section _____, T _____ N, R _____ W Area _____ sq. ft./acres
Residential Area: _____ Lot _____ Block _____ 911# _____
Parcel # _____

-This project is a new building or structure? _____ Yes _____ No

-This project is an addition or alteration to an existing building or structure?
_____ Yes _____ No

Description of existing operation or use: _____

Description of proposed operation or use of buildings: _____

DWELLING AND RESIDENCE INFORMATION MUST BE REPORTED: A STATE BUILDING PERMIT IS ALSO REQUIRED FOR DWELLINGS AND FAILURE TO FILE ACCURATELY WILL RESULT IN PENALTIES.

Contact: Brad Smrcina, State Building Inspector: (608)-799-6229 to arrange for dwelling permit.

Will this building have bedrooms? _____ Yes _____ No

Will this building have any bathrooms? _____ Yes _____ No

Market Value of Proposed New Building: _____
Dimension of Proposed Building/Construction: _____ square feet.
(Minimum 676 square feet for residential/dwelling)

Estimated Completion Date: _____

Will this building have a dwelling-type sanitation system? _____ Yes _____ No
Have you obtained the required permit from Crawford County Sanitation for an approved sanitation system? _____ Yes _____ No

Phone Numbers for Crawford County
Land Conservation: 608-326-0270 Sanitation & Zoning: 608-326-0294

SETBACKS: Setback distances are required based on type of zoning district:

- Agricultural District: 50 feet from right of way = 83 feet from center line of the road.
- Residential District: 30 feet from right of way = 63 feet from center line of the road.

Name of Road: _____, feet to centerline? _____
Name of Road: _____, feet to right of way? _____

For properties in a residential district: Side Yard measurements are required:

Side Yard: _____ square feet
Side Yard: _____ square feet
Rear Yard: _____ square feet

DRIVEWAYS:
Is there an existing driveway for proposed site? _____ Yes _____ No
If a driveway is needed, a driveway permit will be required by the Town of Utica. Please request a driveway permit in addition to the zoning permit from the Town Clerk. Driveways will require on-site inspection.

ATTACHMENTS: Please provide the following items:
_____ Plat of survey, prepared by a registered land surveyor showing the location; boundaries, dimensions, elevations, uses and size of the following: subject site: existing and proposed structures, any existing and proposed easements, streets, and other public ways; off-street parking, loading areas and driveways; existing highway access restrictions; existing and proposed street, side, and rear yards.

In addition, the plat of survey shall show the location, the elevation, and use of any abutting lands and their structures within (40) forty feet of the subject site.
(In the case of simple extensions, alterations, repairs or restorations, the Zoning Administration may waive any and all of the requirements to attach this Plat of Survey and accept in lieu thereof a sketch

by the applicant. The Zoning Administrator will make the determination as to whether a Plat of Survey is required in each situation.)

_____A copy of the permit from Crawford County Sanitation for the approved sanitation system is required, if applicable.

_____A copy of the Dwelling Permit or correspondence from the State Building Inspector for any Dwelling Permits if applicable.

_____A copy of the permit for a driveway, if applicable from the Town Board.

_____Additional information may be required of the Utica Town Board, the Utica Town Plan Commission, or the Zoning Administrator:_____

FEE RECEIPT: The zoning permit fee of **\$150.00** must be received by the Town Clerk with this application before approval. The Zoning Commission will not approve any permit unless a Sanitation Permit if required is also provided with this application as required by Crawford County Sanitation Department. Remit to Town Clerk contact information below:

Remit To:
Town of Utica
Tanya Peterson, Clerk
16436 Orchard View Road
Gays Mills, WI 54631
(608)-606-3336
Email: petentanyap@yahoo.com

For Zoning Questions Contact Zoning Administrators:
Thurman Vangen: (734)-625-6822

Phil Mueller: (608)-632-1240
Email: phil@starvalleyflowers.com

CERTIFICATE

I hereby certify that all of the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Applicant Signature:_____

Date:_____

FOR ZONING BOARD USE ONLY:

Zoning District Classification: _____Agricultural _____Residential
_____Industrial _____Commercial

APPROVAL OR DENIAL:

Permit Issued: _____ Notes or Conditions to Permit: _____

Permit Denied: _____ Notes or Reasons for Denial: _____

Expiration Date if Applicable: _____

THIS PERMIT IS VALID FOR 12 MONTHS FROM THE DATE OF APPROVAL AND REQUIRES RE-APPROVAL IF NOT COMPLETED BY THE PROJECTED COMPLETION DATE OR WITHIN 12 MONTHS OF APPLICATION APPROVAL.

NOTES:

Permit may be revoked without notice if misrepresentation or any of the above information or attachments is found to exist.

Changes in the plans or specifications submitted in the original application shall not be made without prior written approval of the Zoning Administrator.

(Revised September 2024)