

**CITY OF OSSEO
OFFICE OF THE ZONING ADMINISTRATOR
APPLICATION FOR (ZONING, CONDITIONAL USE) PERMIT**

To the Zoning Administrator: The undersigned hereby makes application for a _____ for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the _____ City Zoning Ordinances and with all other applicable city and county ordinances and the laws and regulations of the State of Wisconsin.

Owner/Agent _____ Builder _____
 Address _____ Address _____
 Telephone _____ Telephone _____
 Date: _____ Date: _____

DESCRIPTION

1. Work (Check One) Other(Specify)

- New Building _____
- Sign _____
- Addition _____
- Repairs _____
- Alteration _____
- Moving _____
- Demolition _____

2. Classification

Zone _____ LOT SIZE:
 Use _____ feet by
 No. Apartments _____ feet
 No. Employees _____ AREA:
 Parking Spaces _____ sq. feet

3. Other Required Permits

(Date of Application)
 Flood Plain _____
 Sanitary _____
 Building _____ Well _____
 Other _____

4. Building Details

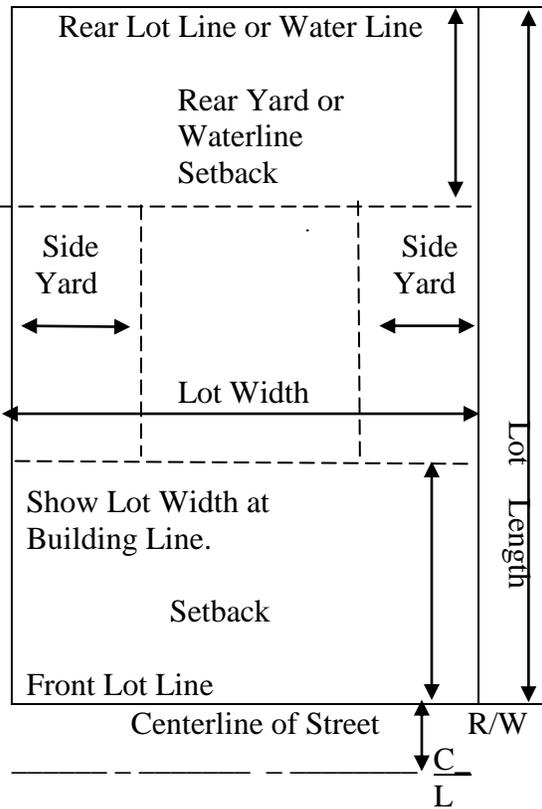
Type of Construction _____
 Size: _____ ft. wide x _____ ft. long
 Height _____ ft. No. Stories _____ Date Permit Issued _____
 Floor Area _____ sq. ft. Cost \$ _____ Zoning Administrator _____

ACTION

Public Hearing _____ Committee Action _____
 Date Work Started _____ Date Work Completed _____ Fee \$ _____
 Date Certification of Compliance Issued _____ Date Fee Paid _____
 Date Permit Denied _____ for the following reasons _____

INSPECTION

Date: _____ Inspector: _____ Remarks: _____



CITY OF OSSEO Property _____
 Street _____
 Address _____

ZONING Application No. _____ Date _____
 Permit No. _____ Date _____
 Cert. of Comp. No. _____ Date _____

Owner _____
 Lot _____ Block _____
 Subdivision _____
 1/4, _____ 1/4, Sec. _____ T24N, R7W