

**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

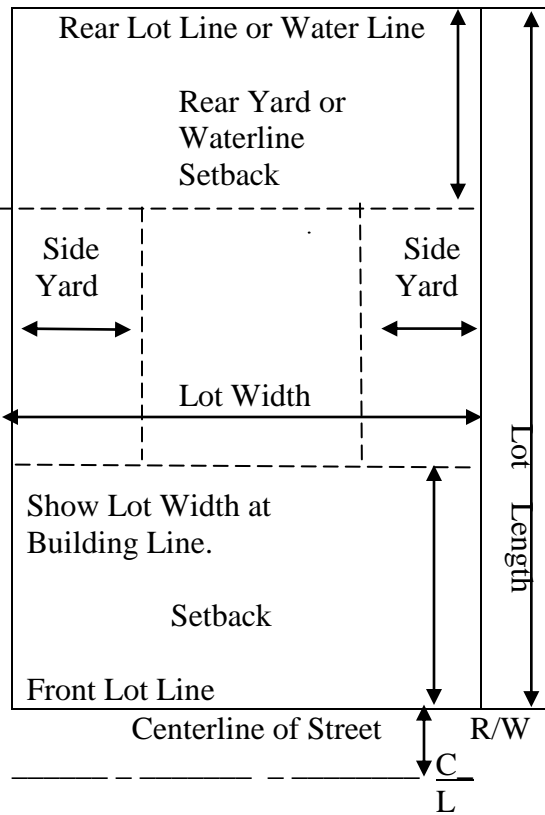
Type of Construction _____
Size: _____ ft. wide x _____ ft. long
Height _____ ft. No. Stories _____ Date Permit Issued _____
Floor Area _____ sq. ft. Cost \$ _____ Zoning Administrator _____

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