

PERMIT # _____

VILLAGE OF TWIN LAKES ZONING PERMIT APPLICATION

Property Owner's Name _____ Telephone _____

Mailing Address _____

Contractor _____ Telephone _____

Mailing Address _____

Job Address _____ Tax Parcel # _____

CSM or Subdivision, Lot, Block _____

Foundation Waiver Required _____ Foundation Waiver Successfully Filed _____

Proposed Structures and Use _____

Structure: Size _____ ft. by _____ ft. = _____ sq. ft. Height _____ ft.

Fence: Total Linear Feet = _____ linear feet Height _____ ft.

Zoning District _____ Estimated Value \$ _____

**FOR ANY WORK STARTED OR COMPLETED WITHOUT A PERMIT
(BUILDING OR ZONING), A TRIPLE FEE WILL BE CHARGED**

The undersigned hereby applies for a permit to do the work herein described and as shown on the attached Plat of Survey, site Plan and Construction Plans, and hereby agrees that all of the work will be done in accordance with the codes of the State of Wisconsin and all of the applicable Ordinances of the Village of Twin Lakes and Kenosha County, Wisconsin. The applicant further agrees to permit the inspection of the premises by the Village's Inspectors at any reasonable time.

Owner/Contractor _____ Date _____

Village Staff _____ Date _____

bivzoning