



Village of Menomonee Falls  
W156 N8480 Pilgrim Road  
Menomonee Falls, WI 53051-3140  
Telephone: 262.532.4270 Fax: 262.532.4289  
[www.menomonee-falls.org](http://www.menomonee-falls.org)

## APPLICATION FOR ZONING PERMIT

A site plan shall be submitted with each application. It shall include site property lines, the project footprint (with dimensions), and the setback distances from the project to the principal structure (home) and adjacent property lines.

Address/Location \_\_\_\_\_

Tax Key # \_\_\_\_\_ Application Date \_\_\_\_\_

Owner \_\_\_\_\_

Type of Project \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Square Feet \_\_\_\_\_ Height \_\_\_\_\_

**Estimated Value \$** \_\_\_\_\_

It is Herby Agreed between the undersigned, as owner, his agent or servant, and the Village of Menomonee Falls, that for and in consideration of the premises and of the permit to construct, erect, alter, or install and the occupancy and use of the structure as above described, to be issued and granted by the Planning/ Zoning Department, that the work thereon will be done in accordance with the descriptions herein set forth in this statement, and as more fully described in the specifications, survey, and/or plans herewith filed; and it is further agreed to construct, erect, alter or install and occupy in strict compliance with the ordinances of the Village of Menomonee Falls and all State Laws relating to the construction, alteration, repairs, removal and safety of structures and permanent building equipment.

<input type="checkbox"/> <b>Homeowner</b>
Owner's Signature _____
Address _____
City, State, Zip _____
Daytime Phone _____
Fax _____ Cell _____
<u>Email</u> _____

<input type="checkbox"/> <b>Building Contractor</b>
Name _____
Address _____
City, State, Zip _____
Phone _____ Cell _____
Email _____
Building Contractor Registration Dwelling _____
Contractor Certification Dwelling _____
Contractor Qualifier Certification _____

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### For Staff Use Only

<input type="checkbox"/> <b>County Approval</b>	<b>Application Fee</b> \$
<input type="checkbox"/> <b>Architectural Control Board</b>	<b>Issue Date</b>
<input type="checkbox"/> <b>Zoning Board of Appeals</b>	<b>Zoning Permit #</b>
<b>Zoning District:</b> _____	

**Setbacks**      **From Front**      **From Rear**      **From Side**  
                    **Lot Line** \_\_\_\_\_ **Ft**      **Lot Line** \_\_\_\_\_ **Ft**      **Lot Lines** \_\_\_\_\_ **Ft**

**Remarks:** \_\_\_\_\_

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