



**Village of Waterford**  
 123 N RIVER ST, WATERFORD, WI 53185  
 PHONE: 262.534.3980 • FAX: 262.534.5373  
 E-MAIL: INFO@WATERFORDWI.ORG  
 WEB SITE: WWW.WATERFORDWI.ORG

## Standard Zoning Use Permit

▼ THIS AREA FOR OFFICE USE ONLY ▼	
Account No.	Permit Issued Date
Fee Amount Paid:	Receipt #:

### NAMES & MAILING ADDRESSES

<b>Applicant (Agent or Builder)</b>	<b>Property Owner</b>
Street Address	Street Address
City • State • Zip Code	City • State • Zip Code
Business Phone	Home Phone
Cell Phone _____	Cell Phone _____
Email _____	Email _____
<b>Parcel Identification Number (PIN)</b>	Is this property connected to public water? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Street Address of Property in Waterford</b>	Is this property connected to public sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes

### PROPOSED PROJECT

Type of Construction (If Any)	Proposed Use Details
<input type="checkbox"/> Commercial building new <input type="checkbox"/> Commercial building remodel <input type="checkbox"/> Accessory building new <input type="checkbox"/> Other  _____ _____ _____	<i>If more space is required use the back of the form.</i>

### CERTIFICATION

I, the undersigned, hereby apply for a Land Use Permit and certify that all the information both above and attached is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with the Waterford Zoning Code and with all other applicable laws and regulations. I hereby authorize the Zoning Administrator to enter the above-described property for purposes of obtaining information pertinent to my application request and to conduct land use code inspections.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ◆ AREA BELOW THIS LINE FOR OFFICE USE ONLY ◆

Zoning /Overlay District _____	<b>Zoning Administrator</b> _____			<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
<b>Road/Highway Designation</b> <input type="checkbox"/> Village <input type="checkbox"/> US/State <input type="checkbox"/> County <input type="checkbox"/> Private	<b>Existing Right-Of-Way</b>	<b>Required Road/Highway Setback</b> From Right-of-Way _____ From Centerline _____	<b>Maximum Lot Coverage Allowed _____</b> Existing _____ Proposed _____ Aggregate _____	

## PROPOSED USE

ATTACH A DESCRIPTION OF YOUR PROPOSED BUSINESS FOR THE LOCATION INCLUDING THE TYPES OF ACTIVITIES, NUMBER OF EMPLOYEES, HOURS OF OPERATION, THE SQUARE FOOTAGE OF ALL PROPOSED BUSINESS USES AND OTHER RELEVANT DETAILS.