



1810 CREST VIEW DRIVE #1C
 HUDSON, WI 54016
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 715.377.2152

Village of Ellsworth ZONING/USE PERMIT APPLICATION

Instructions: Print all information in ink. Completely fill out. Applications with missing information are considered incomplete and cannot be accepted. Please allow 10 business days for permit processing.

PROJECT ADDRESS			PROJECT/LOT DESCRIPTION					
Street Address:			Lot Size:	x	ft	Lot Area:	sq	ft
Zone:			Present Use:					
OWNER INFORMATION			Description of Proposed Construction (Be Specific):					
Name:								
Mailing Address:								
City:	State:	Zip:						
Phone:								
Email:								
APPLICANT INFORMATION			Setbacks (distance from property lines/street etc.)		Estimated Cost of Project:			
Name :					\$			
Street Address:			Front:	ft	Structure Size: x ft			
City:	State:	Zip:	Rear:	ft				
Phone:			Left Side:	ft	Stories:			
Email:			Right Side:	ft	Structure Height:			

The applicant agrees to comply with all of the Village of Ellsworth zoning codes, the adopted WI Uniform Dwelling Code, Commercial Building Code, and Erosion Control Code where they apply and all other conditions of the Village of Ellsworth Ordinance. The applicant understands that the issuance of this building or zoning/use permit creates no legal liability, expressed or implied on the Village or the Building Inspector/Zoning Administrator and certifies all information provided is accurate.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

SITE PLAN (Include distances from lot lines and other structures, draw all existing and proposed structures, label street and yards, label North)