

**Town of Haubstadt**  
**Improvement Location Permit Application**

[NOTE: this permit is issued for Zoning and Land Use compliance verification purposes ONLY]

**1. Applicant/Property Owner**

**Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

**Property Owner (if different than applicant):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

**2. Proposed Improvement**

- \_\_\_\_\_ Accessory structure – residential (deck, garage, shed, swimming pool)
- \_\_\_\_\_ Accessory structure – nonresidential
- \_\_\_\_\_ Addition – residential
- \_\_\_\_\_ Addition – nonresidential
- \_\_\_\_\_ Agricultural structure
- \_\_\_\_\_ Commercial structure

- \_\_\_\_\_ Industrial structure
- \_\_\_\_\_ Multiple family dwelling
- \_\_\_\_\_ Sign
- \_\_\_\_\_ Single family dwelling
- \_\_\_\_\_ Site plan review
- \_\_\_\_\_ Two family dwelling
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Submitted plot plan showing: lot dimensions and shape; location(s) of existing buildings; location/dimensions of proposed building, structure, or addition; building setbacks; and other information needed for adequate review

**3. Project Information**

Size of building or structure: \_\_\_\_\_

Estimated project cost: \_\_\_\_\_

Public sewer or septic system: \_\_\_\_\_

Height of building or structure: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Public water or private well: \_\_\_\_\_

**4. Property Information**

Address of property: \_\_\_\_\_

Subdivision and lot number (if applicable): \_\_\_\_\_

Current use of property: \_\_\_\_\_

Current zoning of property: \_\_\_\_\_

**5. Certification**

I certify that the information provided on and with this application is accurate. This includes the plot plan, legal description, location of existing structures, and the location(s) and dimensions of the proposed structures.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**6. Administrative review**

**Zoning administrator**

Building height: \_\_\_\_\_

Floodplain: \_\_\_\_\_

Permitted use: \_\_\_\_\_

Setbacks: \_\_\_\_\_

Other: \_\_\_\_\_

ILP number: \_\_\_\_\_

Fee submitted/receipt number: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Health department (if applicable)**

Septic system: \_\_\_\_\_

Other: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_