

Community Development Department

444 West Grand Avenue Wisconsin Rapids, WI 54495-2780 Ph: (715) 421-8228 • Fax: (715) 421-8291

Floodplain Land Use Permit Application

For Office Use Only						
Date Received:	Date Paid:	Date Entered:	Permit #:			

APPLICANT INFORMATION						
Name:	Address, City, State,	Address, City, State, and Zip:				
Phone Number:	Fax Number:	Fax Number:		Email Address:		
CONTRACTOR INFORMATION						
Name:	Address, City, State, a	Address, City, State, and Zip:				
Phone Number:	Fax Number:	Fax Number:		Email Address:		
PROPERTY INFORMATION						
Site Address/Location:				Parcel #:		
Current Land Use		Proposed Land Use:				
SUPPORTING INFORMATION						
 Elevation of the Lowest Floor of any proposed/modified structures using National Geodetic and Vertical Datum (NGVD) 						
□ Site Development Plan						
□ Information on private water supply and on-site sewage disposal – if applicable						
Data sufficient to determine whether or not requirements of the General Standards Applicable To All Flood Plain Districts (Section 10.02 of the Municipal Code) is met.						
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I certify that the information provided with this application is true and accurate.

Applicant Signature:

Date: