



Community Development Department

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

Temporary Structure/Use Permit Application

For Office Use Only

Date Received:	Date Paid:	Date Entered:	Permit #:
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PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

CONTRACTOR INFORMATION

Name:	Address, City, State, and Zip:	
Phone Number:	Fax Number:	Email Address:

PROJECT DESCRIPTION

Please describe the project:

DETAILED PROJECT INFORMATION

Front Yard Setback (ft):	Rear Yard Setback (ft):	Side Yard Left Setback (ft):	Side Yard Right Setback (ft):
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FEES

Description	Price Per Unit	Total
Base Fee	\$40.00 for First Week	
Weekly Fee	\$8.00 Per Additional Week	
Permit Fee Total (minimum permit fee \$40.00)		

Please make sure the following materials are included with your application:

- Plot Plan / Zoning Information
- Proof of General Liability Insurance

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

Additional Responsibilities for Projects Disturbing One or More Acre of Soil: If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with these standards.

Applicant (Sign): _____ Print: _____ Date: _____