

TOWN OF RIVER FALLS

Zoning Application

The undersigned hereby makes application for a zoning permit for the work described at the location shown below. I agree that all work shall be done in accordance with the requirements of the Town of River Falls General Code, the River Falls Extraterritorial Zoning regulation, if appropriate, applicable Pierce County ordinances, and regulations of the State of Wisconsin.

Owner or Agent	Date	Builder
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Owner's Address	Owner's email
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LOCATION: __ ¼, __ ¼, Section __, Town 27N, Range __ W; or Lot __, _____ Subdivision

DESCRIPTION:

<u>Work:</u>	<u>Use:</u>	<u>Type, Size, Cost:</u>
New Building ____ Impact Fee _____	One Family ____	Type of Construction _____
Addition _____	Duplex _____	Overall Size _____
Repairs _____ (See asbestos	Apartment _____	____ ft. x ____ ft.
Alteration _____ notice below)	No. Apts. _____	No. of Stories _____
Moving _____	Commercial _____	Basement? ____
	Accessory Bldg _____	Estimated Cost \$ _____
	Other _____	

DATES:

Construction to Start _____ Estimated Completion _____

Conditional Use _____ How Zoned _____

Explain Conditional Use _____

• I have received copies of the Town of River Falls:

- 1) Private Access Road & Driveway Requirements yes __ no __ 2) Building Requirements yes __ no __
- I understand that the Town employs a building inspector to inspect Dwellings and Commercial, and that it is my responsibility to contact them so that any required inspections can be performed at the proper times during construction. Tony Feuerhelm Inspection Agency – (715)386-5419 – tfiagency726@gmail.com
- In signing this application, I grant Town officials, or their agent, permission to enter my property to inspect the building being constructed.
- I certify that the requirements of Wisconsin Administrative Code Chapter NR 447, including a thorough asbestos inspection and, if required, a notification of intent to demolish and/or renovate, have been met.

Permit Fee	Applicant's Signature
	Date

I certify that zoning requirements, as stated in the Town of River Falls General Code, have been satisfied.

Date	Zoning Administrator's Signature
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ACTION BY PLAN COMMISSION: Approved: _____ Denied: _____

Date	Date
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ADDITIONAL INSTRUCTIONS:

1. Submit one copy of this application.
2. On the reverse of this application make a sketch showing the distance the building will be placed from property lines on the front, both sides, and the rear of the building, the distance from existing roads and the location of the driveway.
3. Submit with application: copy of building plans, sanitary permit, septic tank permit and copy of county or extraterritorial zoning permit. These documents will be returned to applicant.

7/11/2025

TOWN OF RIVER FALLS

Site Plan

Owner or Agent	Parcel Number	Location
Owner's Address		Owner's email

Draw a diagram showing location of existing buildings, septic system, well, lot lines, driveway, roads, set backs, etc.

I, as the applicant for a building permit, take responsibility for the accuracy of the above map and for its compliance with any covenants, easements, or homeowners agreements. In the event the new structure is placed in an area which violates River Falls Town Code in respect to set backs, I agree to move the structure at my expense.

Signature	Date
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