Town of Clear Creek
Carmen Dunham
S2455 North Raven Drive
Strum, WI 54770

Application No. _____

TOWN OF CLEAR CREEK
BUILDING NOTIFICATION APPLICATION

Read the "Town of Clear Creek Building Notification Ordinance(Attached). then complete this Building Notification Application and return it along with your payment to the Town Clerk. Contact the Town Clerk if you have questions concerning the Ordinance or this Application

Application Fee is $25.00. Make checks payable to; Town of Clear Creek'

The undersigned hereby requests a Building Notification Application for the work described and located as shown herein. The undersigned agrees that work shall be done in accordance with all requirements of the Town of Clear Creek, the Eau Claire County Zoning Ordinance and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin and the United States Government. **This is not a permit.** The purpose of this application is only for notifying the Town Board and the Town Assessor of your intent to Build. This building notification shall be valid for a period of one (1) year from the date of approval by the Town Board.

Applicant information:

Date of Application: _____ Applicant Email:_____

Applicant Name: _____ Telephone _____

Mailing Address: _____
Address City State Zip

Building Site Information: (If you have not been assigned an E911/Fire number please contact the Town Clerk).

Fire Number/E911: _____Street/Road Name:_____

Building Site (See Plat Book for description): _____

1. **Proposed Use:**
   - ☐ Single Family Residence
   - ☐ Duplex
   - ☐ Other New Building (describe) _____
   - ☐ Addition/Alteration (describe) _____
2. **Present Use of Land:**
   - ☐ Existing use: _____
   - ☐ Zoning District (If Applicable): _____
3. **Other Required Permits: (The Town *does not* contact the government offices listed below or any other agency on behalf of the applicant. It is the applicant's responsibility to determine if any permits are required.**
   - ☐ State Uniform Dwelling Code, (UDC). Call [redacted] or email bfassett@generalengineering.net for permits or other information. 715-839-4741
   - ☐ Town Driveway (Contact Town Clerk) OR County, State, Federal Driveway (Contact County Highway (608-697-8178)
4. **County, State and Federal Permits (Contact the Eau Claire County Zoning Office 715-839-4741 and Eau Claire County Land Conservation Office 715-839-6226)**
   - ☐ Floodplain _____
   - ☐ Sanitary:
     - Permit No. _____
     - Date issued: _____
     - Date Installed: _____
   - ☐ Well Drilling_____

APPLICANT PLEASE NOTE: ***This Building Notification Application is for Town use only.*** **It is your responsibility to contact all government and/or any other agencies to determine if permits are needed. The Town Board advises applicants to make these contacts before you began work on your project.**

5. **Building Details:**

Lot Size _____ft x _____ft. and Area _____sq. ft./acres (circle one)

Size of Structure _____ft. x _____ft. Height _____ft. Story(ies) _____ Floor Area _____sq.ft.

Cost Estimate_____

Sketch of Proposed Work. Show existing structures, proposed structures of additions, well, septic system, etc.

Distance from:

Septic Tank _______ Side Lot Line ______ Navigable Body of Water _________

Drain Field _______ Front Lot Line _____ Well _________

Access Road ______ Rear Lot Line ______ Holding Tank ___________

Minimum Highway Setbacks are:

1. State and Federal Highway – Contact Eau Claire County Zoning Office (715-839-4741)
2. County Roads – Contact Eau Claire County Zoning Office (715-839-4741)
3. Town Roads – 75 feet or greater to the centerline of the Town Road.

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(If this area is not large enough for sketching, please attach your drawing and check here: ___

[Property owners, builders and contractors are responsible for code compliance and reasonable care in construction.]

I certify that I have read and understand the Town of Clear Creek's "Build Notification Ordinance" and that this "Building Notification Application" is correct to the best of my knowledge.

_________________________________ (*Signature*) **This Application will be properly Noticed and Posted by the Town Clerk for Consideration by the Town Board at a regularly scheduled meeting of the Board. Contact the Town Clerk for the date and time when this Application will be reviewed.**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOWN BOARD USE ONLY

Date Noticed/Posted_____________(Date) Application issued___________(date) Check Number: _______________

Reasons for denial: ____

____

On-site review (If required by Town Board): Not Required ___ Review Required ___ Date of Review ___________

Remarks: ____

After Board approval, the Clerk will provide signed copies to; 1) Applicant, 2) Town Assessor, 3) Clerks File

______________________________ ______________________________

Town Chair **Town Clerk**