



# Zoning/Setback Permit Application

Manitowoc County Planning & Zoning • 4319 Expo Drive, P.O. Box 935 • Manitowoc WI 54221-0935  
Phone: 920.683.4185 • Fax: 920.683.4190 • TTY: 920.683.5168

Provide an accurate plot plan on a separate piece of paper. The plot plan must show dimensions of the proposed structure or pond and the distance from centerline of roads, bodies of water, lot lines and septic systems. Failure to fully complete the application or plot plan will result in a processing delay.

Fees: \$190.00 - Single family home, mobile home, cottage or addition.  
\$90.00 - Accessory structures

**Return completed application, plot plan and check, payable to Manitowoc County, at the address above.**

Plot Plan Included (check box)

Owner's Name: \_\_\_\_\_  
(Print)

Agent (if applicable) \_\_\_\_\_  
(Print)

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

Site Parcel Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

**\* Review the following statements before signing.**

You are responsible for complying with State and Federal Laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department Of Natural Resources wetlands identification web page at [www.dnr.wi.gov/wetlands/delineation.html](http://www.dnr.wi.gov/wetlands/delineation.html) or contact a Department of Natural Resources service center.

By signing this application form I acknowledge that I have received this notice regarding wetlands, lakes, and streams.

Statements made in this application shall be made as if made under oath and any willfully false statements shall subject the person(s) making them to the penalties of the County's ordinances.

The person signing this permit application authorizes Manitowoc County Planning and Zoning Department Staff to inspect the premise for conformity to this permit.

\_\_\_\_\_  
Owner or Agent Signature

\_\_\_\_\_  
Date