



OFF-STREET PARKING PERMIT APPLICATION

City of Schofield Zoning Department
 351 Alderson Street, Schofield, WI, 5447
 Phone 715.359.5230
mthuot@cityofschofield.org

Application Date: _____			
Landowner Information			
Landowner Name			
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)		
Contractor Information (if applicable)			
Contractor Name			
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)		
Type of Surface			
<input type="checkbox"/> Blacktop <input type="checkbox"/> Concrete <input type="checkbox"/> Other (please describe): _____			
Proposed square feet of the additional parking space: _____			
Project or Site Location and Dimensions			
Site Address / Location			
Lot Dimensions: Front: Side: Rear: Side:		Lot Area: <input type="checkbox"/> acres or <input type="checkbox"/> square feet	
Fees		Plans	
<input type="checkbox"/> \$50.00		<input type="checkbox"/> Site Plan Provided	
Applicant's Statement / Waiver			
<p>I certify that the information is accurate and I agree to comply with all applicable codes and ordinances of the City of Schofield and with the conditions of this permit. I understand that failure to comply with any or all of the provisions of the ordinances and/or permit may result in notices, fines / forfeitures, stop work orders, permit renovation, and cease & desist orders. The issuance of this permit creates no legal liability, express or implied, on the City of Schofield.</p>			
Landowner Signature (required)		Date Signed	

LEAVE BLANK -- FOR MUNICIPAL USE ONLY		
Date Application received:	Fee Received \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check: _____ <input type="checkbox"/> Credit Card
Date <input type="checkbox"/> APPROVED or <input type="checkbox"/> DENIED by Public Works Admin: Date <input type="checkbox"/> APPROVED or <input type="checkbox"/> DENIED by City Council:	Taken By:	Date Paid:

Site Plans

Please attach or provide a site plan below: