VILLAGE OF SHOREWOOD HILLS
810 Shorewood Boulevard
Madison, WI 53705-2115

Office Use Only
Zoning Review
No. ____-____

Application for Zoning Review

Application fee: $ _____

A. Owner and Agent Information

Owner's Name: _____

Email: _____ Phone No.: _____

Address: _____
(Street) (City) (State) (Zip)

Agent, Architect or Engineering Firm: _____

Email: _____ Phone No.: _____

Address: _____
(Street) (City) (State) (Zip)

B. Property Information:

Property Address: _____ Occupancy: □ Single Family □ Commercial

Parcel Number: 181/0709- - - Zoning District: _____

Setbacks: Front: _____ Rear: _____ Left: _____ Right: _____

C. Project Information: □ New Construction □ Addition □ Deck

General Description of Project: _____

_____

[One set of plans required for zoning review, digital PDF preferred]

OFFICE USE ONLY:

D. Fees:

Administrative Review ($50.00)	$
Stormwater Review ($150.00)	$
Floor Area/Height Limit Review ($150.00)	$
TOTAL	$

Date Filed: _____
Amount Paid: _____
Received By: _____

ZONING APPROVED
DATE _____
BY _____
ZONING ADMINISTRATOR
VILLAGE OF SHOREWOOD HILLS

Zoning Administrator Notes: _____