



PARKING LOT ZONING CERTIFICATE AND PERMIT APPLICATION

City of Wausau Department of Inspection and Zoning

407 Grant Street, Wausau, WI 54403-4783

(715) 261-6780 / fax (715) 261-4102

inspections@ci.wausau.wi.us

The purpose of this application form is to enable the applicant to present all pertinent information with reference to a proposed use of land or structures, and to determine if the proposals comply with the zoning regulations of the City of Wausau.

Property Address _____

Property Use: Residential Commercial Other

Reason for Zoning Certificate: New Parking Lot Expansion Replacement

Lot Area (Sq Ft) _____ Building Serviced Area (Sq Ft) _____

Landscaping Provided? Yes No Lighted? Yes No

Number of Parking Spaces _____ Handicapped Parking Spaces _____

Number of Loading Berths _____

Screening: Fence Shrub Other None

Surface: Asphalt Concrete Pavers

Parking Lot Drainage: Interior Sheet None

Approximate Cost of Project \$ _____

Please provide Design Plan and Layout - Incomplete applications may cause delays and/or denial.

OWNER/TENANT INFORMATION:

Name _____ Phone No. _____

Email Address _____

Mailing Address (if different than property address) _____

BUILDING CONTRACTOR INFORMATION:

Name _____ Phone No. _____

Mailing Address _____ Email _____

Date _____

Contractor Owner

City Official