

# **TOWN OF GARFIELD**

## **ZONING PERMITS**

## **Types of Zoning Permits, Applications, and Appeals:**

### **Land Use Permit**

Land Use Permits are required before you build, move or structurally alter any structure and also required before you add to an existing structure or replace an existing structure with a new structure. A structure is defined as anything constructed or erected, the use of which requires permanent location on the ground or attached to something having a permanent location on the ground. Such structures include, but are not limited to, houses, barns, sheds, pole barns, decks, etc.

The Town is required to review each application to see if the proposed project is in compliance with all applicable ordinances. Information required may vary based on the location of the proposed structure. On-site inspections may be required by Town staff. Issues addressed may include, but are not limited to, the following:

- Is the project located within the appropriate zoning district?
- Does the structure meet all required setbacks?
- Does the structure require a Conditional Use Permit?
- Does the project require any additional state or county permits?

Refer to Article 5, Section B of the Town Zoning Ordinance for more information on obtaining a Land Use Permit.

### **Conditional Use Permit**

Conditional Use Permits are required for any use listed as a “conditional use” within any zoning district in the Town. Refer to Article 4, Section G of the Town Zoning Ordinance for more information on obtaining a Conditional Use Permit.

### **Rezoning Application**

A Rezoning Application is required for any request to rezone a property and amend the Town Zoning Map. Refer to Article 5, Section H of the Town Zoning Ordinance for more information on rezoning property in the Town.

### **Variance Application**

A Variance is defined as permission granted to a land owner to build or develop in a manner inconsistent with the standards established in the Town Zoning Ordinance. The Board of Appeals hears and decides on all Variance Applications. Refer to Article 5, Section F of the Town Zoning Ordinance for more information on obtaining a Variance.

### **Appeal from Administrative Action**

Appeals to the Board of Appeals may be taken by any person aggrieved or affected by the decision of the Zoning Administrator or Town Board. Such appeals shall be taken within sixty (60) days and requires a public hearing. Refer to Article 5, Section E for more information on the appeal process.

## **Town of Garfield Contacts:**

### **Town Board Chair**

Ed Gullickson  
1588 90<sup>th</sup> St.  
Amery, WI 54001  
715.268.2574  
[wooddoor@amerytel.net](mailto:wooddoor@amerytel.net)

### **Board of Appeals Chair**

TBD

### **Town Engineer**

Scott Ward  
Stevens Engineers, Inc.  
2211 O'Neil Rd.  
Hudson, WI 54016  
715.386.5819  
[sward@stevensengineers.com](mailto:sward@stevensengineers.com)

### **Plan Commission Chair**

Orval Johnson  
1732 120<sup>th</sup> Ave.  
St. Croix Falls, WI 54024  
715.483.3406  
[ej-n-oj@centurytel.net](mailto:ej-n-oj@centurytel.net)

### **Town Zoning Administrator/Building Inspector**

Clifford Manwiller  
HC Building Inspection Services  
1644 60<sup>th</sup> St.  
Turtle Lake, WI 54889  
715.268.9233  
[cman@amerytel.net](mailto:cman@amerytel.net)

### **Town Clerk**

Sue Knutson  
Town Hall  
690 Minneapolis St.  
Amery, WI 54001  
715.268.4857  
[garfieldhall@amerytel.net](mailto:garfieldhall@amerytel.net)

Application No.	
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## TOWN OF GARFIELD LAND USE PERMIT APPLICATION

Property Owner: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Property Location: \_\_\_\_ 1/4, \_\_\_\_ 1/4, Sec. \_\_\_\_, T \_\_\_\_ N, R \_\_\_\_ W

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision/CSM #: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_

Parcel Number (see tax bill): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of Parcel: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ SQ. FT. *OR* \_\_\_\_ Acres

Zoning District:  Residential  Agricultural  Agricultural – Residential  Commercial  Conservancy

Permit Requested:

<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Stick Built <input type="checkbox"/> Modular <input type="checkbox"/> Single/DbL. Wide <input type="checkbox"/> Seasonal Cabin	Walk Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Attached Garage <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Structure Size ____ X ____ = _____ SQ. FT.	Height	# of Bedrooms
<input type="checkbox"/> Addition to Dwelling	Description:	Proposed Structure Size ____ X ____ = _____ SQ. FT.		Height	Existing Bedrooms	Additional Bedrooms
<input type="checkbox"/> Accessory Building	Description:	Proposed Structure Size ____ X ____ = _____ SQ. FT.		Height	STORAGE ONLY NO HUMAN HABITATION	
<input type="checkbox"/> Other	Description:	Proposed Structure Size ____ X ____ = _____ SQ. FT.		Height		
Sanitary Permit #		Type of Road the driveway accesses <input type="checkbox"/> U.S. or State Hwy. <input type="checkbox"/> County Rd. <input type="checkbox"/> Town Rd. <input type="checkbox"/> Private Rd.				

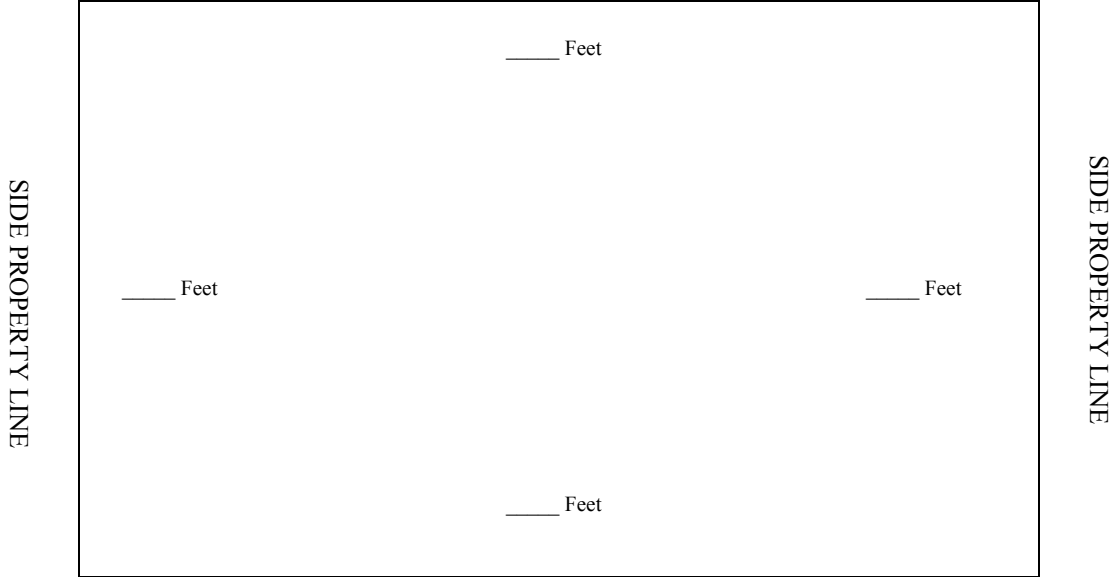


Application No.	
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Lot Layout:

- Show location of all EXISTING STRUCTURES in SOLID LINES
- Show dimensions, location and setbacks of PROPOSED STRUCTURE in DOTTED LINES
- Indicate: "D" Dwelling, "A" Accessory Building, "ST" Septic Tank, "DF" Drainfield

More information may be requested by the Plan Commission or Town Board if deemed necessary to properly evaluate your request.



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Centerline of road or front property line

I, being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town of Garfield, Polk County, Wisconsin, for a Land Use Permit as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return with payment to:**  
**Town of Garfield**  
**690 Minneapolis St.**  
**Amery, WI 54001**  
**(715) 268-4857**

**FOR TOWN USE:**

Received By: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee(s) Paid: \_\_\_\_\_



Application No.	
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## TOWN OF GARFIELD CONDITIONAL USE PERMIT APPLICATION

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Property Owner: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Property Location: \_\_\_\_ 1/4, \_\_\_\_ 1/4, Sec. \_\_\_\_, T \_\_\_\_ N, R \_\_\_\_ W

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision/CSM #: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_

Parcel Number (see tax bill): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of Parcel: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ SQ. FT. *OR* \_\_\_\_ Acres

Existing Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_

Present improvements on the land (describe):

Reason for Request (describe):

Application No.	
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I, being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town of Garfield, Polk County, Wisconsin, for a Conditional Use Permit as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return with payment to:**  
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**690 Minneapolis St.**  
**Amery, WI 54001**  
**(715) 268-4857**

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**FOR TOWN USE:**

Received By: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee(s) Paid: \_\_\_\_\_

Application No.	
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## TOWN OF GARFIELD REZONING APPLICATION

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Property Owner: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Property Location: \_\_\_\_ 1/4, \_\_\_\_ 1/4, Sec. \_\_\_\_, T \_\_\_\_ N, R \_\_\_\_ W

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision/CSM #: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_

Parcel Number (see tax bill): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of Parcel: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ SQ. FT. *OR* \_\_\_\_ Acres

Existing Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_

Present improvements on the land (describe):

Reason for Request (describe):



Application No.	
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I, being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town of Garfield, Polk County, Wisconsin, for a Rezoning Petition as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return with payment to:**  
**Town of Garfield**  
**690 Minneapolis St.**  
**Amery, WI 54001**  
**(715) 268-4857**

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**FOR TOWN USE:**

Received By: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee(s) Paid: \_\_\_\_\_



Application No.	
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## TOWN OF GARFIELD VARIANCE APPLICATION

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Property Owner: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Property Location: \_\_\_\_ 1/4, \_\_\_\_ 1/4, Sec. \_\_\_\_, T \_\_\_\_ N, R \_\_\_\_ W

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision/CSM #: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_

Parcel Number (see tax bill): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of Parcel: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ SQ. FT. *OR* \_\_\_\_ Acres

Existing Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_

Present improvements on the land (describe):

Reason for Request (describe):

Application No.	
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I, being the applicant/owner of all the area herein described, hereby petition the Town Board of the Town of Garfield, Polk County, Wisconsin, for a Variance as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return with payment to:**  
**Town of Garfield**  
**690 Minneapolis St.**  
**Amery, WI 54001**  
**(715) 268-4857**

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**FOR TOWN USE:**

Received By: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee(s) Paid: \_\_\_\_\_

Application No.	
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**TOWN OF GARFIELD APPEAL FROM ADMINISTRATIVE ACTION**



Property Owner: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractor/Agent: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_



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

Property Location: \_\_\_\_ 1/4, \_\_\_\_ 1/4, Sec.\_\_\_\_, T\_\_\_\_N, R\_\_\_\_W

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision/CSM #: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_

Parcel Number (see tax bill): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Size of Parcel: \_\_\_\_ X \_\_\_\_ = \_\_\_\_\_ SQ. FT. *OR* \_\_\_\_ Acres



Specify the administrative decision being appealed:



Explain how the proposed decision has aggrieved the applicant:



Application No.	
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I, being the applicant/owner of all the area herein described, hereby petition the Board of Appeals of the Town of Garfield, Polk County, Wisconsin, for an Appeal from Administrative Action as authorized by the Town of Garfield Zoning Ordinance for the above described property.

I declare that this application, including any supporting documents, is true, correct and complete to the best of my knowledge. I agree to allow Town and County officials charged with administering Town and County ordinances, or their designees, to have access to the herein-described premises at any reasonable time for the purpose of inspection.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return with payment to:**  
**Town of Garfield**  
**690 Minneapolis St.**  
**Amery, WI 54001**  
**(715) 268-4857**

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**FOR TOWN USE:**

Received By: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee(s) Paid: \_\_\_\_\_