

DATE: _____

FEE: \$25.00



Village of Fredonia

242 Fredonia Avenue P.O. Box 159 Fredonia, WI 53021

Phone (262) 692-9125 Fax (262) 692-2883

www.village.fredonia.wi.us

ZONING PERMIT

Name of Applicant (Owner): _____ Phone: _____

Address of Applicant: _____

Address of Property: _____

Type of Business/General description of the proposed use:

Plan of operation, including number of employees and hours of operation:

Estimated daily traffic (number of people, cars, trucks, etc.):

Chemicals (if any): _____

Short-term Growth (anticipated growth within one year): _____

Long-term Growth: _____

List and attach building plans of any new construction or modifications to existing structures, and a copy of the floor plan.

Date Paid: _____

Check #: _____

Zoning Permit Approved By: _____