

FEE \$ 5.00
Cash

APPLICATION FOR ZONING/BUILDING PERMIT

To the Zoning Administrator: The undersigned hereby makes application for a ZONING/BUILDING PERMIT for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Walworth County Shoreland Zoning Ordinance and all other applicable County Ordinances and the laws and regulations of the State of Wisconsin.

JAMES McCAMBRIDGE
Name of Owner (Please Print)

RR Delavan
Address

Telephone Number

DON BABCOCK
Name of Builder (Please Print)

DELAVAN
Address

Telephone Number

1. DESCRIPTION

Residence _____
Addition _____
Accessory Bldg _____
Repairs TO PORCH & DECK
Moving _____
Other _____

2. CLASSIFICATION

Zoning District R.A.
Use S.F.D.
Approx. Value \$ 5.70

3. OTHER REQUIRED PERMITS

Sanitary _____
Town Bldg Permit _____
Other _____

4. BUILDING DETAILS

Lot Size 60 X 85
Type of Const. WOOD
Size of Const. 5 X 20 7 1/2
Height 4

PLACE DRAWING ON REVERSE SIDE

James McCambridge
Signature of Applicant

ACTION

Permit Issued 8-26-75 Larry Johnson
Date Zoning Administrator

Permit Denied _____
Date Zoning Administrator

REMARKS

THIS HAD A PERMIT FOR LAZZORONI TO DO THE WORK. THIS BUILDING WILL BE BEHIND THE NEIGHBORS FOR SET BACK

ZONING PERMIT TOWN OF DELAVAN OWNER (Please Print) JAMES McCAMBRIDGE PERMIT NO. 17866
Name of Highway of Street HARRISON PARCEL LOT 32-33 BLOCK 2 SUBD. ASSEMBLY PARK SEC. 1 T. N R. E FIDA 00230A

PLEASE PROVIDE SHETCH BELOW SHOWING SUBJECT SITE, EXISTING AND PROPOSED
STRUCTURES, EXISTING AND PROPOSED STREETS AND EASEMENTS AND ALL ACCURATE
DIMENSIONS TO PROPERTY LINES, LAKESHORES OR STREAM BANKS.



