



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:** \_\_\_\_\_

\_\_\_\_\_

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