

Town of Springdale, Dane County, Wisconsin

2379 Town Hall Rd, Mt Horeb, WI (608)437-6230 townofspringdale@MHTC.net

ACCESSORY BUILDING (AB) PERMIT APPLICATION; RESIDENTIAL OR AGRICULTURAL

(This permit does not replace other regulatory permits which may be required. Questions? See contact numbers below.)

Owner(s) Name _____ Phone _____

Email _____ Site Address _____

Existing Accessory Building(s) on property (detached garage, outbuilding, agricultural, etc.):

List: _____

Total square footage of existing accessory building(s) on property: _____ square feet

Proposed Accessory Building Location of AB is within the Town-approved building envelope: Yes/No
Project Access:

Existing driveway will provide access to the accessory building: Yes/No

If no, has new driveway permit been granted to access the new building: Yes/No

Detailed Use of Building _____ Agricultural or Residential

Dimensions	L _____	x W _____	x H _____	Total Square Floor Footage _____	# of Stories _____
Foundation (Circle):	Concrete	Masonry	Treated Wood	Other: _____	
HVAC: Yes/No	Electrical:	Yes/ No	Water: Yes/No		
Other information?	_____				

A complete application for an Accessory Building permit must include the following documents and must be submitted to the Town Clerk before an AB permit will be reviewed or any related public meetings are held.

Site plan showing the location and size of the proposed AB and all other structures on the lot, including the well and septic. Aerial images can be created/printed thru accessdane.countyofdane.com or contact the Town Clerk.

Completed Driveway Inspection Report and Permit (if applicable).

I agree to comply with all the applicable codes, statutes, ordinances, and with the conditions of this permit. I understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality. No development agreements, covenant restrictions and/or other legal documents exist which would prohibit the construction of the AB. I certify that all the above information is accurate. It is understood that the AB shall not be used for habitation and/or business purposes. The AB shall not be occupied as a residence; no guest houses or apartments are allowed in the AB. I expressly grant the building inspector, or the inspector’s authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Applicant’s Signature _____ Date Signed _____

After approval of the AB by the Town, the following documents, *when applicable*, must be submitted to the Town Building Inspector (Johnson Inspections, LLC 608-444-0372) before the Building Permit will be issued.

- County Erosion Control Plan for the building site Contact 608-244-3730
- County Zoning Permit for building Contact 608-266-4266
- Wisconsin Administrative Building Permit Application Contact 608-444-0372
- Dane County Environmental Health Contact 608-242-6515
- Wisconsin Department of Natural Resources Contact 608-266-2621

Fee \$100.00

Town’s Approval: Chair Signature: _____ Date _____

Conditions: