

CITY OF STURGEON BAY TOURIST ROOMING HOUSE PERMIT APPLICATION

STAFF USE:	
Permit Number:	_____
Date Issued:	_____
Valid Thru:	_____

	Applicant/Agent	Legal Property Owner (If different)
Name		
Company		
Street Address		
City/State/Zip Code		
Daytime Telephone		
Fax No.		

(Check One) **New Permit** **Renewal Permit**

Street Address of TRH: _____

STATE OF WISCONSIN PERMIT NUMBERS:

Tourist Rooming House Permit Number: _____

Sales and Use Tax Number: _____

DOOR COUNTY TOURISM ZONE PERMIT NUMBER:

Room Tax Permit Number: _____

_____	_____	_____
Property Owner (Print Name)	Signature	Date
_____	_____	_____
Applicant/Agent (Print Name)	Signature	Date

CITY STAFF REVIEW — *City Clerk*

Comments:

Recommendation:

Approve

Deny

N/A

City Clerk

CITY STAFF REVIEW — *Police Department*

Comments:

Recommendation:

Approve

Deny

N/A

Police Dept. Representative

CITY STAFF REVIEW — *Community Development*

Current Zoning Classification: _____

Parcel ID Number : _____

Comments:

FINAL:

Approve

Deny

Comm. Dev. Dept. Representative

CITY STAFF REVIEW— *Fire Department*

Comments:

Recommendation:

Approve

Deny

N/A

Fire Department Representative

CITY STAFF REVIEW— *Building Inspection:*

Recommendation:

Approve

Deny

N/A

Building Inspection Representative

MUNICIPAL ZONING CODE S. 20.09(1)(I)(2): The owner/operator must reside within Door, Kewaunee, or Brown Counties during periods in which the tourist rooming house is rented. This requirement may be waived if there is a valid management contract with a management company located within Door County.

Does the owner/operator reside in Door, Kewaunee, or Brown Counties during which the tourist rooming house is rented? Yes No

Notes: _____

IF DENIED:

WILL APPLICANT SEEK APPEAL FROM THE PLAN COMMISSION

YES

NO

IF APPEALED:

DATE OF APPEAL

CHAIR SIGNATURE

OVERTURNED

DENIED