

# 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		
Daytime telephone		
Email		
Fax No.		

(Check one)       New Permit                       Renewal Permit

Street Address of Tourist Rooming House: \_\_\_\_\_

Number of Rental Units (please note there is a \$100 fee per rental unit): \_\_\_\_\_

Sales and Use Tax Number (if applicable): \_\_\_\_\_

Door County Tourism Zone Permit Number: \_\_\_\_\_

**IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, YOU MUST SUBMIT:**

- Proof of insurance on the property to be used as a Tourist Rooming House;
- A copy of your Tourist Rooming House permit issued by the Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP);
- \$100 check made out to the City of Sturgeon Bay FOR EACH RENTAL UNIT.

**MUNICIPAL ZONING CODE 9.05: 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 County during the time period which the tourist rooming house is to be rented?    Yes    No   **If no, you must attached a management plan.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<p>If application is denied, will applicant seek appeal from the Plan Commission?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If appealed:</p> <p>Date of Appeal: _____</p> <p>Chair Signature: _____</p> <p><input type="checkbox"/> Overturned   <input type="checkbox"/> Denied</p>
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CITY STAFF REVIEW – City Clerk

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Clerk

CITY STAFF REVIEW – Police Department

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Police Dept. Representative

CITY STAFF REVIEW – Fire Department

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fire Department Representative

CITY STAFF REVIEW – Building Inspection

Comments: \_\_\_\_\_

Note: The property has not been inspected/evaluated by the City for building code compliance. The owner(s) must comply with current building codes at the time of construction or alteration made and any WDATCP requirements.

\_\_\_\_\_  
Building Inspection Representative

CITY STAFF REVIEW – Community Development

Current Zoning Classification: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Community Development Department Representative

**Final:**

- Approve**
- Deny**