Use separate/additional sheet(s) if necessary

APPLICATION FOR CONDITIONAL USE PERMIT

MARATHON COUNTY BOARD OF ADJUSTMENT

The applicant hereby requests the Board of Adjustment to hear and decide upon this application as prescribed by Section 17.803 of the Marathon County Zoning Ordinance. **Use a separate sheet if necessary.**

| Name of Applican | t: | | | | | |
|--|------------------------|-------------------|------------------|-------------------------------|--------------------------------------|--|
| Mailing Address: | | | | | | |
| | | | | _ Fax: | | |
| Cellphone: | | | E | mail: | | |
| Owner Name: (if o | lifferent) | | | | | |
| | | | | | | |
| | | | | | | |
| | | DADA | OPI INFOR | | | |
| PARCEL INFORMATION Parcel ID # (PIN): | | | | | | |
| Parcel ID # (PIN): | | | | | | |
| | | | | | | |
| Legal Description | | | | | | |
| | | | | | | |
| Property Address: | | | | | | |
| Parcel size: | | | | | | |
| | | | | 5q.1 t. | | |
| Present use of pro | perty (List all cur | rent uses, i.e. h | nome, store, far | m field, wooded, etc. |): | |
| | | | | | | |
| | | | | | | |
| Existing improve | ments (Structures | . well. septic. e | etc.): | | | |
| | | , wen, septic, c | | | | |
| - | | | | | | |
| | | | | | | |
| | | | PROPOS | AL | | |
| Describe specifica | ally the nature of the | nis request (be | sure to list all | proposed uses of the | parcel). What do you plan to do? | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| If this application | is for a use that wi | ll be restricted | to part of the p | arcel, specify the exa | act dimensions of the affected area. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ☐ Provide the following information if this box is checked | | | | | | |
| B 11 | | | 7 | | - · · · | |
| Proposal has addit or exceeds these re | | t standards in S | Section | | Explain how your proposal meets | |
| | equirements. | | | | | |
| | | | | | | |

INSTRUCTIONS TO APPLICANT

- 1. Be sure to complete **all items** on the application. This includes **a brief**, **but complete explanation** of the current use and proposed new use.
- 2. Prepare a map at a scale which is reproducible (11" x 17" or smaller). For maps larger than 11" x 17", be prepared to provide as many copies as needed for transmittal. In no instance may the scale of the map be less than 1 inch equals 200 feet. There are instances where a cross-section of the property or contours will be helpful, and in some cases one or both may be required. Narrative or photos may be included as supporting documentation.

At a minimum the map must include:

- The location, dimensions, and parcel identification number of the lot or lots including a legal description.
- Location of any and all nearby public and private streets.
- Dimensions of the lot and the location of all existing and proposed buildings or structures, and location of existing or proposed private onsite wastewater treatment (septic) system.
- Required front, rear, and side yard areas, open space, and parking.
- On residential parcels, the number of dwelling units contained within each building and proposed number of bedrooms.
- Location and dimensions of all buildings or structures to be erected, structurally altered, or moved.
- Wetlands and floodplains
- Screening/Buffers
- Lighting
- Parking

For office use

Amount Received: \$_

O:\CPZ\Ordinances\FORMS\ConditionalUsePermitApplication.docx

3. **Include the \$600 fee** when you submit the application. Please make checks payable to Marathon County.

| We cannot consider an application complete until the following are submitted to this office: | | | | | | |
|---|---|--|--|--|--|--|
| Check if submitted | Initial of staff | | | | | |
| | Completed application including signatures. | | | | | |
| | Map with all required information. | Map with all required information. | | | | |
| | Additional documents, as needed (| Additional documents, as needed (lot combination forms, hunting/fishing shelter application, etc.) | | | | |
| | Zoning Permit application | | | | | |
| | Fee | | | | | |
| Please contact the Marathon County Conservation, Planning and Zoning Department with any questions: 715-261-6000. | | | | | | |
| <u>IMPORTANT:</u> The applicant or authorized representative <u>must be present at the hearing</u> or Board <u>may deny</u> the application without prejudice. | | | | | | |
| | | | | | | |
| Owner Signate | ure (required) | Date | | | | |
| | | | | | | |
| Agent / Perso | n responsible for work Signature (required) | Date | | | | |
| | | | | | | |
| Conditional Use Permits <u>expire</u> six (6) months from the latest date of signature on the approval letter signed by Chairman and the Secretary of the Board of Adjustment if the proposed construction or preparation of land for use has not commenced. The Zoning Administrator may grant an extension for up to six (6) months upon show of valid cause. | | | | | | |
| Return to: | Board of Adjustment | Telephone: 715-261-6000 | | | | |
| | Marathon County CPZ Department | Toll free within Marathon County: 1-800-236-0153 | | | | |
| | 210 River Drive Wausau, WI 54403-5449 | Facsimile: 715-261-6016 | | | | |
| | | | | | | |

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Date Stamp:

For office use