APPLICATION FOR SPECIAL EXCEPTION PERMIT

MARATHON COUNTY BOARD OF ADJUSTMENT

The applicant hereby requests the Board of Adjustment to hear and decide upon this application as prescribed by Sections 17.13 and 17._____ of the Marathon County Zoning Ordinance.

Name of Applicant _____

Mailing Address _____

_____

Telephone _____ - _____ Fax _____ - _____

Owner Name (if different) _____

Mailing Address _____

_____

Telephone _____ - _____ Fax _____ - _____

PARCEL INFORMATION

Parcel ID # (PIN) _____

(If more than one parcel is included in this application, list all parcel numbers & legal descriptions on a separate sheet.)

Legal Description: Government Lot _____ **or** _____3 _____3,

Section _____, T_____N, R_____E, Town of _____

Lot _____ Block _____

Subdivision _____

Parcel size: _____ Acres **or** _____ Sq. Ft.

Zoning District: _____

Present use of property (List all current uses i.e. home, store, farm field, wooded, etc.): _____

_____

_____

_____

Existing improvements (Structures, well, septic, etc.): _____

_____

_____

_____

PROPOSAL

Describe **specifically** the nature of this request (be sure to list all proposed uses of the parcel). Use separate sheets if necessary.

_____

_____

_____

_____

_____

If this application is for a use that will be restricted to part of the parcel, specify the exact dimensions of the affected area.

_____

_____

_____

_____

INSTRUCTIONS TO APPLICANT

1. Be sure to complete **all items** on the application. This includes **a brief, but complete, explanation** of what the project is to be.

2. Prepare **a map at a scale which is reproducible**, or 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. Be as detailed as possible with the drawing by showing property boundaries, adjacent land uses, roads, structures, wetlands, hills and anything else which may help you to explain your project. 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.

3. **Include the $415 fee** when you submit the application. If a check is used, make it payable to Marathon County.

We cannot consider an application complete until above items 1 through 3 have been completed and submitted to this office. If you have questions, no matter how insignificant they may seem, do not hesitate to contact this office at 715 261-6000.

Special Exception permits expire six (6) months from the latest date of signature on the approval letter signed by the 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.

IMPORTANT !! The applicant or authorized representative **must be present at the hearing** or the Board will deny the application without prejudice.

_____ _____

Signature of applicant **Date**

_____ _____

Signature of owner (if different) **Date**

Return to: **Board of Adjustment**
Marathon County CPZ Department
210 River Drive
Wausau, WI 54403-5449

Telephone: 715 261-6000
Within Marathon County: 1-800-236-0153
Facsimile: 715 261-6016

For Office Use **For Office Use** **For Office Use**

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Amount Received: $ _____ Date Stamp: