ZONING PERMIT APPLICATION

Permit no. _____ (Office Use Only)

OWNER AND AGENT INFORMATION

Date:_____

Owner 1:_____ ☐ Primary Contact
Owner 2:_____ ☐ Primary Contact
Mailing Address:_____
Zip:_____ Cell:_____ Home:_____
email:_____

Agent:_____ ☐ Primary Contact
Cell:_____ email:_____
Mailing Address:_____ Zip:_____
Contractor:_____
Cell:_____ email:_____

PROPERTY/SITE INFORMATION

Project Site Address:_____ Zip:_____ Town Of: _____

Legal Land Description: _____1/4_____1/4, Sec._____ T_____N R_____E Lot:____ Block:_____ Subdivision:_____

Pin # (from tax rolls):_____ CSM:_____

PROPOSED DEVELOPMENT

1. Project Description **#1:** ☐ New Structure ☐ Alteration/Modification to Existing Structure ☐ Addition ☐ Relocation
2. Type of Structure: ☐ S/F Home ☐ Detached Garage ☐ Accessory Structure ☐ Other:_____
3. Size: Length:_____ft. X Width:_____ ft. Total Square Footage:_____ sq. ft. Height:_____ ft. Estimated Value $:_____

1. Project Description **#2:** ☐ N/A ☐ New Structure ☐ Alteration/Modification to Existing Structure ☐ Addition ☐ Relocation
2. Type of Structure: ☐ S/F Home ☐ Detached Garage ☐ Accessory Structure ☐ Other:_____
3. Size: Length:_____ft. X Width:_____ ft. Total Square Footage:_____ sq. ft. Height:_____ft. Estimated Value $:_____

LAND USE INFORMATION

1. Zoning District: ☐ U-R ☐ L-D-R ☐ R-R ☐ R-E ☐ F-P ☐ G-A ☐ C-V/R-C ☐ N-C ☐ C ☐ B-R ☐ L-I ☐ H-I ☐ M-H ☐ Town Zoned
2. Intended Use of Structure(s): ☐ Residential ☐ Commercial ☐ Agricultural ☐ Industrial ☐ Accessory
3. Overlay: **Floodplain**: ☐ Yes ☐ No **Shoreland**: ☐ Yes ☐ No **Wetland** ☐ Yes ☐ No
4. Lot Area: _____ sq. ft/Acres
5. Are there any relevant land divisions that will affect this proposal? ☐ Yes ☐ No
6. Number of Dwelling Units:_____ Total Number of Bedrooms:_____
7. Is the number of bedrooms changing? ☐ Yes ☐ No
8. Will the structure be used to house cattle, swine, fowl, sheep, or goats? ☐ Yes ☐ No

SIGNATURE AND CERTIFICATION

The, below-signed, hereby make application for a zoning permit for the work described and located as shown herein. The below-signed agrees that all work shall be done in accordance with the requirements of the Marathon County Zoning Ordinance along with all other applicable county ordinances and the laws and regulations of the State of Wisconsin. I declare that the information I am supplying is true and accurate to the best of my knowledge, and I acknowledge that this information will be relied upon for the issuance of this permit. By signing this application I am granting permission to the Conservation, Planning and Zoning Department (CPZ) staff to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the issuance of this permit.

Proposed Start Date: _____ Proposed Date of Completion: _____

All requested information is required or the application may be deemed incomplete

All zoning permit applications are required to be accompanied by a completed site plan

Property Owner *Signature (required)* _____ Date: _____

Agent/Person responsible for work *Signature (required)* _____ Date: _____

For Office Use Only PERMIT ISSUANCE AND INSPECTIONS *For Office Use Only*

Other Permits That May Be Required: ☐ Sanitary, County ID #:_____ ☐ Airport Height Permit ☐ Mitigation/Vegetation Restoration Affidavit ☐ Address Permit
☐ Buffer/Screening Plan Review ☐ Photometric/Lighting Plan Review ☐ Shoreland Alteration Permit ☐ Boathouse Permit ☐ Special Zoning Permit ☐ Town UDC Permit
☐ Lot Combination/Survey ☐ Other_____ ☐ Receipt #:_____

Reviewer 1:_____ Date:_____ Reviewer 2:_____ Date:_____

Permit Issued By:_____ Date:_____

Permit Denied By:_____ Date:_____

Notes:

(Recieved Date Stamp)

Fee: $_____ *All checks **payable to Marathon County***

Date	Inspector	Comments