

FEE: _____

LANGLADE COUNTY
LAND RECORDS AND REGULATIONS DEPT.
Resource Center 837 Clermont St. Antigo, WI 54409
Phone: (715) 627-6206 Fax: (715) 627-6281

FILL AND GRADE PERMIT APPLICATION

PERMIT # _____

OWNER _____ TELEPHONE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF CONTRACTOR/BUILDER/AGENT _____ ADDRESS _____ TELEPHONE _____

Gov't. Lot _____, _____ 1/4, _____ 1/4, Section _____, T _____ N, R _____ E Town of _____

_____ Water Class _____ Parcel # _____

Address (Fire #) of where work is to be done _____

PROVIDE SITE PLAN OR ATTACH 81/2"X11" OR LARGER SHEET (SEE REVERSE SIDE FOR PLAN REQUIREMENTS)

I, the undersigned, assume responsibility for the above said project. The undersigned hereby grants the County permission to enter upon and inspect the property as needed.

Signature of party responsible for the work to be performed. _____ Owner or Agent _____ Date _____

Permit Issued _____, 20____ FOR OFFICE USE ONLY
Work _____
Date Started _____ Expiration Date _____

CONDITIONS OF APPROVAL: _____

Permit Issued By: _____

FILL & GRADE PERMIT PLAN REQUIREMENTS: (Please draw sketch and include narrative description)

- 1) Proposed and existing principal and accessory structures, location and setbacks to lot lines and waterways.
- 2) Dimensions of areas to be excavated, filled or graded.
- 3) The proposed filling, grading, or excavating project including location of spoils pile referenced to all lot lines, roads, and waterways on that parcel.
- 4) Indicate slope of site where work is proposed and slope of surrounding land within 300 feet of the proposed project.
- 5) Indicate what erosion control measures will be used on the fill and grade area and how exposed area will be revegetated/stabilized.
- 6) Plans for management of surface waters and stormwater.
- 7) Indicate what method of excavation will be used.
- 8) Private Sewage System location.
- 9) Paving and driveways.
- 10) Landscaping.
- 11) Fencing.
- 12) North arrow.
- 13) Requested time period to complete the project or proposed project completion date.
- 14) Signature of person responsible.