

FEE: \$350.00

**LANGLADE COUNTY
LAND RECORDS AND REGULATIONS DEPARTMENT**

Resource Center 837 Clermont St. Antigo, WI 54409
Phone: (715) 627-6206 Fax: (715) 627-6281

CONDITIONAL USE PERMIT APPLICATION	PERMIT #
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John Q. Public 71-627-6206

Owner		Telephone	
837 Clermont Street	Antigo	WI	54409

Mailing Address	City	State	Zip
Con Tractor	123 Industrial Way, Antigo	WI	504409

Name of Contractor/Builder/Agent	Address	Telephone
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Gov't. Lot _____, SE 1/4 NW 1/4, Section 37 T 32 N, R 11 E Town of Neva

Subdivision or CSM _____ Lot # _____ Block _____ Parcel # 014-9999

Other Permits Required Sanitary No. _____ Other _____

Zoning District: Forestry Lot Area: 12 Ac. Sq. ft. or Acres _____

Pursuant to Section(s) _____ of the Langlade County Ordinance.
Application Request: Build a Golf Course.

FOR FILL/GRADE/EXCAVATING PROJECTS ONLY

Project Specifications

Dimensions of Area to be Altered: _____

Depth of Area to be Altered: _____

Type and Size of Materials To Be Used: _____

Amount of Fill To Be Used: _____

Restoration and Stabilization Methods To Be Used (Include Time Table): _____

The undersigned hereby makes application for the above permit for the work described and located as shown on the required Site Plan Form or attached registered survey hereof, and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all of the ordinances of the County of Langlade. The undersigned hereby grants the County permission to enter upon, and inspect, the property as needed. If within the time stipulated by the Board of Adjustment the proposed work or construction has not been completed or use has not commenced, said permit shall expire. Where applicable, a sanitary permit is required prior to the issuance of this permit. Any statement made, site plan admitted, assurance given or permit erroneously issued contrary to this ordinance shall be null and void.

<u>John Q. Public</u>	09/28/2017
Signature of Owner or Agent	Date

FOR OFFICE USE ONLY

<input type="checkbox"/> Approved Date: _____, 20__	Date Filed _____, 20__
<input type="checkbox"/> Denied Date: _____, 20__	Published _____, 20__
<input type="checkbox"/> Recessed Date: _____, 20__	Hearing Date(s) _____, 20__
	Date sent to Town _____, 20__