

FEE: _____

LANGLADE COUNTY
LAND RECORDS AND REGULATIONS DEPARTMENT

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

ZONING PERMIT APPLICATION

PERMIT #

HIGHLIGHTED MUST BE FILLED OR IT WILL BE RETURNED FOR MISSING INFORMATION !

OWNER _____ **Telephone / Cell** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

Name of Contractor/Builder/Agent _____ **Address** _____ **Telephone / Cell** _____

LEGAL Description is available on our WEBSITE &/or shown on your TAX STATEMENT or DEED.

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

Subdivision or CSM _____ Lot(s) _____ Block _____ Parcel # _____ - _____

Other Permits Required Sanitary No. _____ Other _____

Zoning District _____ Lot Area: _____ Sq. Ft. or Acres _____

Proposed Construction: (all that apply) A box must be checked along with the dimensions of the structure listed

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Residence _____ (size WxLxH to peak) | <input type="checkbox"/> Commercial _____ (size WxLxH to peak) | | |
| <input type="checkbox"/> Res./Att. Garage _____ (size WxLxH to peak) | <input type="checkbox"/> Industrial _____ (size WxLxH to peak) | | |
| <input type="checkbox"/> Manuf. Home _____ (size WxLxH to peak) | <input type="checkbox"/> Other (Specify) _____ (size WxLxH to peak) | | |
| <input type="checkbox"/> Garage/Storage Bldg _____ (size WxLxH to peak) | <input type="checkbox"/> Other (Specify) _____ (size WxLxH to peak) | | |
| <input type="checkbox"/> Deck/Porch _____ (size WxLxH to peak) | Use of Structure _____ | | |

No. of Existing Bedrooms _____ **Additional Bedrooms** _____

Type of Foundation: _____ **EX: concrete slab, poured, block, gravel base**

Type of Construction _____ **EX: Wood, Steel, Ect.** **Estimated Total Value:** _____

Setback from Lake or Stream Ordinary High Water Mark: _____ **feet**

Highway Class A - B - C **Road Name** _____ **Setback from R.O.W. (right-of-way)** _____

The undersigned hereby makes application for the above permit for the work described & located as shown herein & agrees that all such work shall be done in accordance with all requirements of the Zoning Ordinance & all other applicable ordinances of Langlade County & all applicable laws and regulations of the State of Wisconsin. The undersigned is responsible for complying with State and Federal laws concerning construction near or on wetlands, lakes, & streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a DNR service center. The undersigned hereby grants the County permission to enter upon & inspect the property as needed. If within two (2) years of the date of issuance of this permit the proposed construction or use has not been commenced, said permit shall expire. (See Sect. 17.62(8) Zoning Ordinance) Where applicable, a sanitary permit is required prior to the issuance of this permit. Any statement made, site plan submitted, assurance given or permit erroneously issued contrary to this ordinance shall be null and void.

Signature of Owner or Agent _____ **Date** _____

FOR OFFICE USE ONLY

Permit Issued _____ Expiration Date _____ Date Started _____
Permit Denied _____ for the following reason(s) _____

Conditions of Approval: _____

FEE: _____

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Site Plan Form (See back for example)	PERMIT #
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Application for Zoning Permit. Information required to include:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Shape & dimensions of lot. 2. Location & dimensions of all existing & proposed structures on lot 3. Setback distances from all lot lines & all street yard distances measured from the road right-of-way line. | <ol style="list-style-type: none"> 4. Setback, distance from the ordinary highwater mark of lake or stream, if applicable. 5. Septic or holding tank & drainfield location and distances from lot lines & buildings. 6. Location of well. |
|---|--|

The undersigned hereby attests that the site plan drawn below is an accurate representation of the property and structures located thereon.

Signature _____

Date _____



