

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 # _____

OWNER _____ Telephone / Cell _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

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: (Check all that apply)

- | | | | |
|---|---|---|---|
| <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"/> Industrial _____ (size WxLxH to peak) | <input type="checkbox"/> Other (Specify) _____ (size WxLxH to peak) |
| <input type="checkbox"/> Res./Att. Garage _____ (size WxLxH to peak) | <input type="checkbox"/> Other (Specify) _____ (size WxLxH to peak) | <input type="checkbox"/> Other (Specify) _____ (size WxLxH to peak) | |
| <input type="checkbox"/> Manuf. Home _____ (size WxLxH to peak) | | | |
| <input type="checkbox"/> Garage/Storage Bldg _____ (size WxLxH to peak) | | | |
| <input type="checkbox"/> Deck/Porch _____ (size WxLxH to peak) | | | |

Type of Foundation _____ Existing No. of Bedrooms _____ Additional Bedrooms _____

Type of Construction _____ Estimated Total Value \$ _____

Setback from Lake or Stream Ordinary High Water Mark _____

Highway Class A - B - C Road Name _____ Setback from R.O.W. _____

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: _____

Permit Issued By: _____

PERMIT # _____

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Site Plan Form (See back for example)

PERMIT #

Application for Zoning Permit. Information required to include:

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.
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

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