

Price County Land Use Permit Application

File No. _____
Computer # _____

TO THE ZONING ADMINISTRATOR: The undersigned hereby makes application for a permit for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Price County Zoning Ordinance, Sanitation Code, and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin and Federal Government.

APPLICATION WILL BE RETURNED IF INCOMPLETE OR INCORRECT.

LANDOWNER INFORMATION

Name(s) _____

Mailing Address _____ City/State/Zip Code _____

Phone (____) _____ Email _____

LEGAL DESCRIPTION (Fill in all that apply)

Govt. Lot # _____ or _____ ¼ of _____ ¼ of Section _____, T _____ N, R _____ E / W

Subdivision Name _____ Lot _____ of Block _____

911 Emergency Number _____ Town of _____

This property is zoned as (found on tax bill): RR-1 RF-1 CI-1 C-1 A-1 Township Zoned (Circle one)

PERMIT(S) REQUESTED

Some types of land use permits may require Township, DNR, or State permits.

<p><u>Land Use:</u></p> <p><input type="checkbox"/> New Dwelling</p> <p><input type="checkbox"/> New Accessory</p> <p><input type="checkbox"/> Accessory Building with Living Quarters</p> <p><input type="checkbox"/> Commercial Building</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Porch/Deck</p> <p><input type="checkbox"/> Repair/Remodel</p> <p><input type="checkbox"/> Grading/Filling (Attach erosion control plan.)</p>	<p><u>Driveway:</u> (Access permit required.)</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Existing</p> <p><u>Other:</u></p> <p><input type="checkbox"/> 911 Emergency Number</p>	<p><u>State Sanitary:</u> (Attach all necessary forms.)</p> <p><input type="checkbox"/> Conventional</p> <p><input type="checkbox"/> Mound</p> <p><input type="checkbox"/> Holding Tank</p> <p><input type="checkbox"/> Vaulted Privy (Attach affidavit.)</p> <p><input type="checkbox"/> Open Pit Privy (Attach affidavit & boring info.)</p> <p><input type="checkbox"/> Reconnect (May require additional info.)</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: right;">(List specific type of sanitary)</p>
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PROJECT DETAILS

Contractor(s) _____

Proposed use of project: _____

Project will be located within 1000 ft. of a lake.

Project will be located within 300 ft. of a river or stream.

Dwellings (Indicate finished area for each level):

_____ ft. X _____ ft. = _____ sq. ft.	
_____ ft. X _____ ft. = _____ sq. ft.	
	Total sq. ft. \$ _____

All other structures (Use outside dimensions):

_____ ft. X _____ ft. = _____ sq. ft.	\$ _____
_____ ft. X _____ ft. = _____ sq. ft.	\$ _____
_____ ft. X _____ ft. = _____ sq. ft.	\$ _____
_____ ft. X _____ ft. = _____ sq. ft.	\$ _____

Emergency 911	\$ _____
Sanitary Permit	\$ _____
Misc. Permits or Fees	\$ _____

Total \$ _____

PLOT PLAN DRAWING

Please use the space provided or attach a separate 8 1/2 x 11 drawing.

****STRUCTURES MUST BE STAKED OUT ON BUILDING SITE****

If site is not staked out at time of inspection a \$20.00 re-inspection fee will be charged.

Indicate the location of existing structures, roads, wetlands, lakes, rivers, or streams in relation to your proposed project. If your project will be located on a river or lake, a side view showing elevations of the finished grade shall be submitted.

Please note that this permit application is **only reviewed for compliance with the Price County Zoning Ordinances** and that you are responsible for complying with State and Federal laws concerning construction near or on wetlands, lakes, and 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 webpage (<http://dnr.wi.gov/wetlands/locating.html>) or contact a Department of Natural Resources Service Center.

I, owner/one of the owner's of the property, declare that this application (including any accompanying schedule) has been examined by me and to the best of my knowledge believe it to be true, correct, and complete. I further accept all liability which may be a result of the County of Price relying on this information I am providing in this application. I agree to permit County officials charged with administering County ordinances or other authorized persons to have access to the above-described premises at any reasonable time for the purpose of inspection. Also, by virtue of my signature, I declare that I have been given notice regarding the altering of wetlands as required by 2009 Wisconsin Act 373. I also acknowledge that it is my responsibility to contact my Township and State/Federal agencies to determine if additional permits are required.

Signature of owner _____ Date _____

This form is not valid unless signed by owner or agent under a written power-of-attorney (Please provide).

Return completed form to: **Price County Zoning**
104 S. Eyder Ave. – Room 205
Phillips, WI 54555 (715) 339-3272

Make checks payable to: **Price County Zoning**

FOR OFFICE USE ONLY – Inspection Records

Action Taken: _____

Signature of inspector _____ Date ____/____/____ Permit expires 2 yrs. from issuance date.