

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.

LANDOWNER INFORMATION

Name _____

Address _____ City/State/Zip Code _____

Phone (____) _____

LEGAL DESCRIPTION (Fill in all that apply)

Govt. Lot # _____ or _____ 1/4 of _____ 1/4 of Section _____, T _____ N, R _____ E / W (Circle one)

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.

Land Use:

- New Dwelling
- New Accessory
- Accessory Building with Living Quarters
- Commercial Building
- Addition
- Porch/Deck
- Repair/Remodel
- Grading/Filling (Attach erosion control plan.)
- Other

Driveway: (Access permit required.)

- New
- Existing

Other:

- 911 Emergency Number

State Sanitary: (Attach all necessary forms.)

- Conventional
- Mound
- Holding Tank
- Vaulted Privy (Attach affidavit.)
- Open Pit Privy (Attach affidavit & boring info.)
- Other _____

(List specific type of sanitary)

PROJECT DETAILS

Proposed use of project: _____

- Project will be located within 1000 ft. of a lake or river.
- Project will be located within 300 ft. of a stream.

Dwellings (Indicate finished area for each level): _____ ft. X _____ ft. = _____ sq. ft.
_____ ft. X _____ ft. = _____ sq. ft.
_____ ft. X _____ ft. = _____ sq. ft.
_____ Total

Fee \$ _____

All other structures (Use outside dimensions): _____ ft. X _____ ft. = _____ sq. ft.

Fee \$ _____

Emergency 911 Number

Fee \$ _____

Sanitary Permit

Fee \$ _____

Misc. Permits or Fees

Fee \$ _____

Total Fee \$ _____

Please note that this permit application is only be 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.

PLOT PLAN

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, a side view showing elevations of the finished grade shall be submitted.



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

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** (715) 339-3272
104 S. Eyder Ave. - Room 205
Phillips, WI 54555

Make checks payable to: Price County Zoning

FOR OFFICE USE ONLY - Inspection Records

Initial Inspection: Action Taken: _____
Signature of inspector _____ Date _____