



# SHORELAND ZONING PERMIT APPLICATION

Permit no. \_\_\_\_\_  
 Ch. 17 Code Ch. 22 Code  
**(For Office Use Only)**

## OWNER AND AGENT INFORMATION

<b>Owner 1:</b> _____ Primary Contact	<b>Agent:</b> _____ Primary Contact
<b>Owner 2:</b> _____ Primary Contact	Cell: _____ email: _____
Mailing Address: _____	Mailing Address: _____ Zip: _____
Zip: _____ Cell: _____ Home: _____	<b>Contractor:</b> _____
email: _____	Cell: _____ email: _____

## PROPERTY/SITE INFORMATION

Project Site Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Town Of: \_\_\_\_\_  
 Legal Land Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_ E Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Pin # (from tax rolls): \_\_\_\_\_ CSM: \_\_\_\_\_

## PROPOSED DEVELOPMENT

1. Project Description #1: New Structure Alteration/Modification to Existing Structure Addition Relocation  
 2. Type of Structure: S/F Home Detached Garage Accessory Structure Other: \_\_\_\_\_  
 3. Size: Length: \_\_\_\_\_ ft. X Width: \_\_\_\_\_ ft. Total Square Footage: \_\_\_\_\_ sq. ft. Height: \_\_\_\_\_ ft. Estimated Value \$: \_\_\_\_\_

1. Project Description #2: N/A New Structure Alteration/Modification to Existing Structure Addition Relocation  
 2. Type of Structure: S/F Home Detached Garage Accessory Structure Other: \_\_\_\_\_  
 3. Size: Length: \_\_\_\_\_ ft. X Width: \_\_\_\_\_ ft. Total Square Footage: \_\_\_\_\_ sq. ft. Height: \_\_\_\_\_ ft. Estimated Value \$: \_\_\_\_\_

## LAND USE INFORMATION

1. Zoning District: U-R L-D-R R-R R-E F-P G-A 4. Lot Area: \_\_\_\_\_ sq. ft./Acres  
 C-V/R-C N-C C B-R L-I H-I M-H Town Zoned 5. Are there any relevant land divisions that will affect this proposal? Yes No  
 2. Intended Use of Structure(s): Residential 6. Number of Dwelling Units: \_\_\_\_\_ Total Number of Bedrooms: \_\_\_\_\_  
 Commercial Agricultural Industrial Accessory 7. Is the number of bedrooms changing? Yes No Yes  
 3. Overlay: Floodplain: Yes No Shoreland: Yes No Wetland: Yes No 8. Will the structure be used to house cattle, swine, fowl, sheep, or goats? No

## SIGNATURE AND CERTIFICATION

The, below-signed, hereby make application for a zoning permit for the work described and located as shown herein. The below-signed agrees that all work shall be done in accordance with the requirements of the Marathon County Zoning Ordinance along with all other applicable county ordinances and the laws and regulations of the State of Wisconsin. I declare that the information I am supplying is true and accurate to the best of my knowledge, and I acknowledge that this information will be relied upon for the issuance of this permit. By signing this application I am granting permission to the Conservation, Planning and Zoning Department (CPZ) staff to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the issuance of this permit.

Proposed Start Date: \_\_\_\_\_ Proposed Date of Completion: \_\_\_\_\_

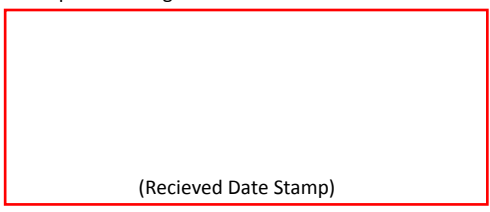
\*All requested information is required or the application may be deemed incomplete\*  
 \*All zoning permit applications are required to be accompanied by a completed site plan\*

**Property Owner Signature (required)** \_\_\_\_\_ Date: \_\_\_\_\_  
**Agent/Person responsible for work Signature (required)** \_\_\_\_\_ Date: \_\_\_\_\_

## \*For Office Use Only\* PERMIT ISSUANCE AND INSPECTIONS \*For Office Use Only\*

**Other Permits That May Be Required:** Sanitary, County ID #: \_\_\_\_\_ Airport Height Permit Mitigation/Vegetation Restoration Affidavit Address Permit  
 Buffer/Screening Plan Review Photometric/Lighting Plan Review Shoreland Alteration Permit Boathouse Permit Special Zoning Permit Town UDC Permit  
 Lot Combination/Survey Other \_\_\_\_\_ Receipt #: \_\_\_\_\_

Reviewer 1: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewer 2: \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Permit Denied By: \_\_\_\_\_ Date: \_\_\_\_\_



Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Fee: \$ \_\_\_\_\_ \*All checks payable to Marathon County\*

Date	Inspector	Comments

