



ZONING PERMIT APPLICATION

Permit no. _____
 Ch. 17 Code Ch. 22 Code
(For Office Use Only)

OWNER AND AGENT INFORMATION

Owner 1: _____ Primary Contact	Agent: _____ Primary Contact
Owner 2: _____ Primary Contact	Cell: _____ email: _____
Mailing Address: _____	Mailing Address: _____ Zip: _____
Zip: _____ Cell: _____ Home: _____	Contractor: _____
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 C-V/R-C N-C C B-R L-I H-I M-H Town Zoned	4. Lot Area: _____ sq. ft./Acres
2. Intended Use of Structure(s): Residential Commercial Agricultural Industrial Accessory	5. Are there any relevant land divisions that will affect this proposal? Yes No
3. Overlay: Floodplain: Yes No Shoreland: Yes No Wetland: Yes No	6. Number of Dwelling Units: _____ Total Number of Bedrooms: _____
	7. Is the number of bedrooms changing? Yes No Yes No
	8. Will the structure be used to house cattle, swine, fowl, sheep, or goats? Yes 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: _____

(Received Date Stamp)

Fee: \$ _____ *All checks payable to Marathon County*

Date	Inspector	Comments

