

# TOWN OF PRESQUE ISLE APPLICATION FOR ZONING

Date \_\_\_\_\_

TO THE ZONING ADMINISTRATOR: The undersigned owner hereby applies for a permit as herein described to be located on his or her property as shown on the reverse of this application. Upon approval, the owner agrees that all structures and all work performed on his property will conform to or exceed the minimum requirements as prescribed in the Town of Presque Isle Comprehensive Zoning and/or Shoreland Ordinance and all other applicable local ordinances in the Town of Presque Isle in addition to all other applicable codes and laws of the State of Wisconsin.

Signed \_\_\_\_\_ Owner Vilas County Computer # \_\_\_\_\_  
(OWNER MUST SIGN APPLICATION)  
 Home Address \_\_\_\_\_ Presque Isle Fire # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Tel No. \_\_\_\_\_ Presque Isle Tel. No. \_\_\_\_\_

Lot Size \_\_\_\_ By \_\_\_\_ Sq. Ft. \_\_\_\_ Recorded Date \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year Total Acreage \_\_\_\_\_

New Building/s Size/s No. 1 \_\_\_\_\_ 'x \_\_\_\_\_' No. 2 \_\_\_\_\_ 'x \_\_\_\_\_' No. 3 \_\_\_\_\_ 'x \_\_\_\_\_'

Construction To Be \_\_\_\_\_  
Driveway, New, Addition, Moving, Alterations, Frame, Brick, Block, Pre-Fab, Mobile Home, Etc. (Explain)

Use \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ Basement (circle) Yes No  
Single Family, Multiple Family, Accessory, Commercial, Storage, Etc. (Explain)

Seasonal Use \_\_\_\_\_ Permanent Residency \_\_\_\_\_ No. of Stories \_\_\_\_\_ total Height \_\_\_\_\_

Builder \_\_\_\_\_ Add. \_\_\_\_\_ Ph. \_\_\_\_\_

Electrician \_\_\_\_\_ Ph. \_\_\_\_\_

Plumber \_\_\_\_\_ Lic. No. \_\_\_\_\_

Septic Tank Instr. \_\_\_\_\_ Lic. No. \_\_\_\_\_

Perk Test By \_\_\_\_\_ Lic. No. \_\_\_\_\_

State Septic Tank Permit No. \_\_\_\_\_

### ESTIMATED COST

Septic Tank Size \_\_\_\_\_ Sq. Ft. \$ \_\_\_\_\_

REMARKS \_\_\_\_\_ FEES

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Zoning Permit \_\_\_\_\_

\_\_\_\_\_ Shoreland Alteration Permit \_\_\_\_\_

\_\_\_\_\_ Other Permit \_\_\_\_\_

\_\_\_\_\_ Total \_\_\_\_\_

\_\_\_\_\_ Application Approved \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Application Denied \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Signed \_\_\_\_\_

(Zoning Deputy or Zoning Administrator)

**- NOTICE -  
OTHER COUNTY AND/OR STATE  
PERMITS MAY BE REQUIRED**

Reason For Denial \_\_\_\_\_

**UNDER PENALTY OF LAW NO CONSTRUCTION TO BEGIN UNTIL PERMIT HAS BEEN APPROVED.**

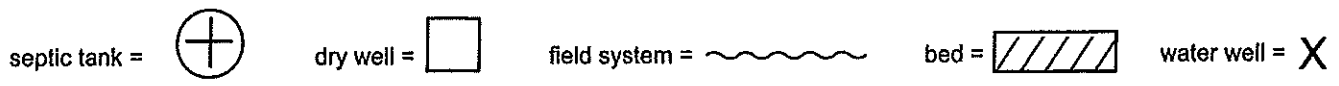
Permit No. \_\_\_\_\_  
 Owner's Name \_\_\_\_\_  
 Town of Presque Isle  
 Section \_\_\_\_\_ Town \_\_\_\_\_ N \_\_\_\_\_ Range \_\_\_\_\_ E \_\_\_\_\_ Zoning Dist. \_\_\_\_\_  
 Lot No \_\_\_\_\_  
 Sub. Div. \_\_\_\_\_  
 Zip 54557

- PRINT THIS INFORMATION -

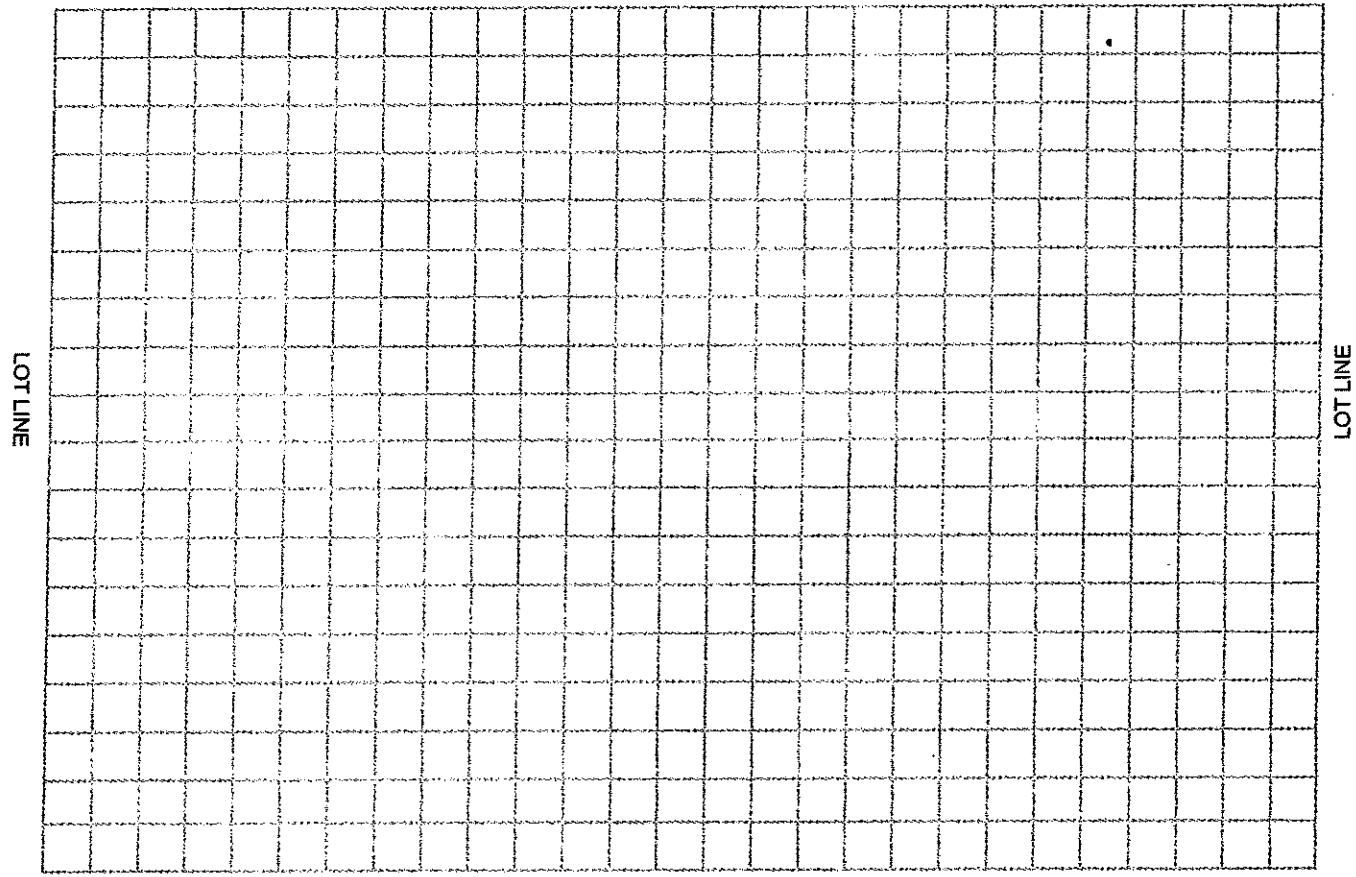
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or penalties or costs. For more information, visit the Department Of Natural Resources wetlands identification web page or contact a Department Of Natural Resources Center.

Attach or draw a sketch showing the location of the following: **BUILDINGS, SEPTIC SYSTEM, WELL, ROADS, WATERWAY, LOT LINES** and the separating distances in feet from each of the afore mentioned.

Indicate on lot where and which of these were used for sewage disposal



NAME OF LAKE, STREAM OR WATER COURSE \_\_\_\_\_



Distance from Center of Highway or Town Road to Nearest Installation

I, (Owner of Property) \_\_\_\_\_, hereby certify that all information, measurements, and drawings contained in this permit application are true and correct, and that no additions, subtractions, and changes therefrom shall occur without the express written permission of the Zoning Administrator or his Deputy. Furthermore, all individuals involved in the planning, building or any installations are knowledgeable the information contained herein, and if not, I will personally inform all individuals involved to insure that all information contained herein is known to them and must be followed exactly without deviation therefrom.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

CULVERT PERMIT REQUIRED:  YES  NO

ISSUED: \_\_\_\_\_  
Name and Date

INSPECTION RECORD \_\_\_\_\_ INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING LOCATION \_\_\_\_\_

WELL LOCATION \_\_\_\_\_

SEWAGE DISPOSAL \_\_\_\_\_

UNDER PENALTY OF LAW NO CONSTRUCTION TO BEGIN UNTIL PERMIT HAS BEEN APPROVED