



LINCOLN COUNTY ZONING  
 801 N. SALES ST, STE 103  
 MERRILL, WI 54452  
 (715) 539-1087

## LINCOLN COUNTY LAND USE PERMIT APPLICATION

\*\*Application must be filled out completely and returned  
 with payment in order for staff to review\*\*

PERMIT: \_\_\_\_\_

Town

PROPERTY OWNER INFORMATION	
Owner(s)	
Mailing Address	
City, State, ZIP	
Telephone	Cell: _____ Home: _____
E-Mail (optional)	

CONTRACTOR/BUILDER INFORMATION		<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> SELF
Name			
Address			
City, State, ZIP			
Telephone			

BUILDING SITE LOCATION			
Site Address:		If you do not have one, you are required to apply Application Date: _____	
Section: _____	Township: _____ North	Range: _____ East	Acres: _____ Zoning District: _____
Government Lot _____	OR _____ ¼ _____ ¼	Additional Info: _____ <small>(Lot, Block, Subdiv, CSM, etc)</small>	

Tax Parcel #

PLEASE SPECIFY ALL STRUCTURES YOU WISH COVERED BY THIS PERMIT			
CONSTRUCTION IS (check below)		TYPE OF STRUCTURE (check below)	
<input type="checkbox"/> New Principal Structure	<input type="checkbox"/>	Dwelling _____ x _____	Garage _____ x _____ <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED
<input type="checkbox"/> New Accessory/Addition	<input type="checkbox"/>	Porch _____ x _____	Storage Building _____ x _____
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/>	Deck _____ x _____	Farm Building _____ x _____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	Addition _____ x _____	Other _____ x _____
		Explain Addition: _____	Explain Other: _____

**IF A DWELLING:** Dwelling will be  Year Round  Seasonal

ARE ANY STRUCTURES LISTED ABOVE LOCATED IN: (circle choices)	
Shoreland: No Yes → Water Body: _____	<input type="checkbox"/> Property has water frontage
Floodplain: No Yes	Forest Crop/MFL: No Yes
Wetland: No Yes	

First Name

CONSTRUCTION DETAILS		
FOUNDATION: (check below)	STRUCTURE: (check below)	LIVABLE AREA: (if applicable)
<input type="checkbox"/> Below Grade Basement	<input type="checkbox"/> Manufactured/Mobile Home. Year Built _____	Existing Livable Area _____ sq. feet
<input type="checkbox"/> Walk-Out Basement	<input type="checkbox"/> Frame/Modular	New Livable Area _____ sq. feet
<input type="checkbox"/> Slab	<input type="checkbox"/> Other _____	# of Current Bedrooms _____
<input type="checkbox"/> Other		# of New Bedrooms _____
<input type="checkbox"/> None		

Last Name

Owner

**PLEASE COMPLETE THE OTHER SIDE**

## PLEASE READ AND SIGN

The undersigned hereby makes application for a Land Use 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 Lincoln County Zoning Ordinance and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin. I declare that the information that 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 also granting permission to the zoning department 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.

I acknowledge that I am 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. I understand that 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 web page (<http://dnr.wi.gov/wetlands/locating.html>) or contact a DNR Service Center.

I acknowledge the following:

- No work on a structure or facility requiring a private sewage system shall begin until a Sanitary Permit has been issued according to Chapter 145.195(1) Wisconsin Statutes and Chapter 17.8.50 Lincoln County General Code.
- No work on a structure or facility requiring a Land Use permit shall begin until a Land Use Permit has been issued.
- All Land Use Permits expire two (2) years from the date issued.
- Building permits are required for the construction of new dwellings or additions to dwellings.

Property Owner Signature:

Date:

All requested structures, lot lines, and grading or clearing areas **MUST BE STAKED & FLAGGED PRIOR TO ZONING DEPARTMENT ON-SITE VISIT.** (If setbacks cannot be confirmed it will delay issuing the permit. If a second visit is required, a Return Inspection Fee may be incurred.)

### **PLEASE ATTACH A SEPARATE 8 1/2" X 11" PLOT PLAN DRAWING**

A detailed drawing of the plot plan **MUST** be given. Include on the drawing ALL of the information requested below. (Our office recommends, but does not require, drawing your plot plan directly onto an aerial printout of your property. You can print them at no charge through our GIS mapping available online or you can request one from our office at no charge.)

1. Shape of parcel, include all lot line dimensions.
2. Indicate which direction is North.
3. Show the location and names of all surrounding roads/highways.
4. Show the location and names of all area water bodies (lakes, rivers, creeks, ponds, etc.)
5. Indicate any wetlands or floodplain on property.
6. Show the location of the (new) construction on the parcel. Include the following measurements:
  - a) Distance from the centerline of any/all roads.
  - b) Distance from the right-of-way of any/all roads.
  - c) Distance to all lot lines.
  - d) Distance to any/all water bodies.
7. Indicate ALL other existing buildings on parcel with "EB".
8. Indicate distance from septic tank or holding tank to proposed construction.
9. Indicate distance from septic system drain field to proposed construction.
10. Indicate distance from well to proposed construction.
11. (IF on water) Indicate proposed clearings within the shoreland buffer [allowed corridor - 35' for every 100' of frontage (35%)].

#### THIS BOX FOR OFFICE USE ONLY

Fee: \$

Receipt:

Inspected By:

Date Inspected:

Density (if applicable):

Permit Application:  Approved  Denied Staff Signature:

Date:

Conditions of Permit:

#### Other Permits Needed:

Permit Type	Required/Received	Number
Sanitary	/	
Conditional Use	/	
Soil Disturbance	/	
Other:	/	

See Attached Permit Card