

VILAS COUNTY ZONING APPLICATION

Zoning Permit

Vilas County Zoning Office
330 Court St., Eagle River, WI 54521
Phone #: (715) 479-3620 / Fax #: (715) 479-3752

Shoreland Alteration Permit

The undersigned owner hereby applies for a permit as herein described to be located on this property described on this application. Upon approval the owner agrees that all structures and all work performed on this property will conform to or exceed the minimum requirements in the Vilas County General and Shoreland Ordinances and all other applicable local ordinances in addition to all other codes and laws of the State of Wisconsin. Upon approval of this application the owner agrees that should a violation be found by the Zoning Administrator or their designee, said violation from the date of notification will, within 30 days or less, be corrected at the owner's expense; otherwise each day thereafter shall constitute a separate offense.

COMPUTER PARCEL NUMBER _____ Date Applied _____

(Required Info)	<u>Owner Information</u>	<u>Agent Information</u>
Owner <u>Signature</u> _____	Agent <u>Signature</u> _____	
Mailing Address _____	Mailing Address _____	
City, State, Zip _____	City, State, Zip _____	
Telephone No. _____	Telephone No. _____	

Waterbody _____ Total estimated cost of project \$ _____

LOT SIZE _____ FT. X _____ FT. X _____ FT. X _____ FT. SQ. FT. _____ ACRES _____

ZONING – CONSTRUCTION / DEMOLITION ACTIVITIES

STRUCTURE: NEW ADDITION DEMOLITION OF AN EXISTING STRUCTURE

STRUCTURE SIZE: (1.) _____ FT. X _____ FT. MEAN HT. _____ FT. (2.) _____ FT. X _____ FT. MEAN HT. _____ FT.
(3.) _____ FT. X _____ FT. MEAN HT. _____ FT. (4.) _____ FT. X _____ FT. MEAN HT. _____ FT.

Written Description of project: _____

Bedrooms # Stories Well: Yes No Part of a Condominium Yes No

OTHER TYPE OF ZONING PROJECT,

DESCRIBE: _____

LAND DISTURBANCE ACTIVITIES WITHIN 300' OF OHWM REQUIRING A SHORELAND ALTERATION PERMIT
(Check all boxes that apply.)

<input type="checkbox"/> > 750 Sq. ft. between 75ft. & 300ft. of OHWM (except where the activity requires a zoning or sanitary permit)	<input type="checkbox"/> Boathouse (Requires Zoning Permit & Erosion control Plan)
<input type="checkbox"/> > 400 Sq. ft. between 35ft. & 75ft. of OHWM (except where the activity requires a zoning or sanitary permit)	<input type="checkbox"/> Grading resulting in increased potential for soil erosion & runoff
<input type="checkbox"/> Land disturbance activities > 20,000 Sq. ft. for non single family (Requires Erosion Control Plan)	<input type="checkbox"/> Filling resulting in increased potential for soil erosion & runoff
<input type="checkbox"/> Land disturbance activities > 10,000 Sq. ft. for single family (Requires Erosion Control Plan)	<input type="checkbox"/> Impervious Surface Areas (May Require Stormwater Plan)
<input type="checkbox"/> Construct. of a boat landing or road access (Requires Erosion Control Plan)	<input type="checkbox"/> Above Ground Walkway (Requires Zoning Permit)
<input type="checkbox"/> Exceeding Tree Removal (Requires Alternative Tree Cutting Plan)	<input type="checkbox"/> Construction or Maintenance of Artificial waterways
<input type="checkbox"/> Activity where Struct. < 75ft. from OHWM (Requires Zoning Permit)	<input type="checkbox"/> Walkout Lower Levels (Requires Zoning Permit)
<input type="checkbox"/> Land Disturbance > 1 Acre Total (Requires DNR Stormwater Plan)	<input type="checkbox"/> Existing Beach Maintenance
<input type="checkbox"/> Construction on Steep Slopes (Requires Erosion Control Plan)	<input type="checkbox"/> Wetland Zoning District
	<input type="checkbox"/> Path(s)

Basic Requirements of a Shoreland Alteration Permit!

1. The smallest amount of bare ground shall be exposed for as short a time as feasible.
2. Temporary ground cover shall be used and permanent cover shall be established and maintained.
3. Diversion, silting basin, terraces and other methods shall be used to minimize runoff and erosion.
4. Fill shall be stabilized.
5. (SEE ARTICLE IX VILAS COUNTY SHORELAND ZONING FOR MORE INFO ON LAND DISTURBANCE.)"

CONTINUE APPLICATION ON BACK: →

OFFICE USE ONLY

Permit # _____
Zoning Dist. _____

APPLICANT – PLEASE PRINT Owner _____

Property Address _____ 1/4 _____ 1/4 Section _____ Town _____ N. Range _____ E. Sub.Div. or Condo. Name _____ Zip _____ Town of _____ Lot No. _____ Govt. Lot No. _____

