

FEE: _____

**LANGLADE COUNTY
LAND RECORDS AND REGULATIONS DEPT.**

Resource Center 837 Clermont St, P.O. Box 505 Antigo, WI 54409-0505
Phone: (715) 627-6206 Fax: (715) 627-6281 Email: landrecords@co.langlade.wi.us

CONDITIONAL USE PERMIT APPLICATION PERMIT # _____

Owner Telephone

Address City State Zip

Name of Contractor/Builder/Agent Address Telephone

Gov't. Lot _____, _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ E Town of _____

Subdivision or CSM _____ Lot # _____ Block _____ Parcel # _____

Other Permits Required Sanitary No. _____ Other _____

Zoning District _____ Lot Area: _____ Sq. ft. or Acres

Pursuant to Section (s) _____ of the Langlade County Ordinance.
Application Request: _____

**Use For Only Fill/Grade/Excavating Projects
Project Specifications**

Dimensions of Area to be Altered: _____

Depth of Area to be Altered: _____

Type and Size of Materials To Be Used: _____

Amount of Fill To Be Used: _____

Restoration and Stabilization Methods To Be Used (Include Time Table): _____

The undersigned hereby makes application for the above permit for the work described and located as shown on the required Site Plan Form or attached registered survey hereof, and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all of the ordinances of the County of Langlade. The undersigned hereby grants the County permission to enter upon, and inspect, the property as needed. If within the time stipulated by the Board of Adjustment the proposed work or construction has not been completed or use has not commenced, said permit shall expire. Where applicable, a sanitary permit is required prior to the issuance of this permit. Any statement made, site plan admitted, assurance given or permit erroneously issued contrary to this ordinance shall be null and void.

Signature of Owner or Agent Date

For Office Use Only

Approved Date: _____, 20____ Date Filed _____, 20____

Denied Date: _____, 20____ Published _____, 20____

Recessed Date: _____, 20____ Hearing Date(s) _____, 20____

Conditions of Approval: _____