

FEE: \_\_\_\_\_

**LANGLADE COUNTY**  
**LAND RECORDS AND REGULATIONS DEPARTMENT**

Resource Center 837 Clermont St. Antigo, WI 54409  
Phone: (715) 627-6206 Fax: (715) 627-6281

|   |                 |
|---|-----------------|
| <b>CONDITIONAL USE PERMIT APPLICATION</b> | <b>PERMIT #</b> |
|---|-----------------|

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing 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: \_\_\_\_\_

**FOR FILL/GRADE/EXCAVATING PROJECTS ONLY**

**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**

|   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Approved Date: _____, 20__ | Date Filed _____, 20__        |
| <input type="checkbox"/> Denied Date: _____, 20__   | Published _____, 20__         |
| <input type="checkbox"/> Recessed Date: _____, 20__ | Hearing Date(s) _____, 20__   |
|   | Date sent to Town _____, 20__ |