## LANGLADE COUNTY LAND RECORDS AND REGULATIONS DEPARTMENT

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

FILL AND GRADE PERMIT AI	PPLICATION	PERMIT#	
OWATER		TELEPHONE	
OWNER		TELEPHONE	
AILING ADDRESS	CITY	STATE	ZIP
NAME OF CONTRACTOR/BUILDER/AGENT ADDRESS Gov't. Lot,1/4,1/4, Section	, TN, R	TELEPHONE _E Town of	
	Darcal #		
address (Fire #) of where work is to be done	_ r arcer #		
PROVIDE SITE PLAN OR ATTACH 81/2"X11" OREQUIREMENTS)			
, the undersigned, assume responsibility for the above said project. The above said project.	The undersigned hereby grants	s the County permission to enter upon and	d inspect the property a
Signature of party responsible for the work to be perform	med. Owner or A	gent	Dat
F	OR OFFICE USE ONL	<u>Y</u>	
	Vork		
CONDITIONS OF APPROVAL:	Date Started	Expiration Date	
Permit Issued By:		LC/LR&R -6	5- (Rev. 5/2015)

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## FILL & GRADE PERMIT PLAN REQUIREMENTS: (Please draw sketch and include narrative description)

- 1) Proposed and existing principal and accessory structures, location and setbacks to lot lines and waterways.
- 2) Dimensions of areas to be excavated, filled or graded.
- 3) The proposed filling, grading, or excavating project including location of spoils pile referenced to all lot lines, roads, and waterways on that parcel.
- 4) Indicate slope of site where work is proposed and slope of surrounding land within 300 feet of the proposed project.
- 5) Indicate what erosion control measures will be used on the fill and grade area and how exposed area will be revegetated/stabilized.
- 6) Plans for management of surface waters and stormwater.
- 7) Indicate what method of excavation will be used.
- 8) Private Sewage System location.
- 9) Paving and driveways.
- 10) Landscaping.
- 11) Fencing.
- 12) North arrow.
- 13) Requested time period to complete the project or proposed project completion date.
- 14) Signature of person responsible.