

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

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

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

**ZONING PERMIT APPLICATION**

**PERMIT #** \_\_\_\_\_

OWNER \_\_\_\_\_ Telephone / Cell \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Contractor/Builder/Agent \_\_\_\_\_ Address \_\_\_\_\_ Telephone / Cell \_\_\_\_\_

Gov't. Lot #: \_\_\_\_\_ or \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E, Town of \_\_\_\_\_

Subdivision or CSM \_\_\_\_\_ Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Parcel # \_\_\_\_\_ - \_\_\_\_\_

Other Permits Required ☐ Sanitary No. \_\_\_\_\_ ☐ Other \_\_\_\_\_

Zoning District \_\_\_\_\_ Lot Area: \_\_\_\_\_ Sq. Ft. or Acres

Proposed Construction: (Check all that apply)

- ☐ New Construction    ☐ Addition
- ☐ Residence \_\_\_\_\_ (size WxLxH to peak)    ☐ Commercial \_\_\_\_\_ (size WxLxH to peak)
- ☐ Res./Att. Garage \_\_\_\_\_ (size WxLxH to peak)    ☐ Industrial \_\_\_\_\_ (size WxLxH to peak)
- ☐ Manuf. Home \_\_\_\_\_ (size WxLxH to peak)    ☐ Other (Specify) \_\_\_\_\_ (size WxLxH to peak)
- ☐ Garage/Storage Bldg \_\_\_\_\_ (size WxLxH to peak)    ☐ Other (Specify) \_\_\_\_\_ (size WxLxH to peak)
- ☐ Deck/Porch \_\_\_\_\_ (size WxLxH to peak)    Use of Structure \_\_\_\_\_

Type of Foundation \_\_\_\_\_ Existing No. of Bedrooms \_\_\_\_\_ Additional Bedrooms \_\_\_\_\_

Type of Construction \_\_\_\_\_ Estimated Total Value \$ \_\_\_\_\_

Setback from Lake or Stream Ordinary High Water Mark \_\_\_\_\_

Highway Class A - B - C    Road Name \_\_\_\_\_    Setback from R.O.W. \_\_\_\_\_

The undersigned hereby makes application for the above permit for the work described & located as shown herein & agrees that all such work shall be done in accordance with all requirements of the Zoning Ordinance & all other applicable ordinances of Langlade County & all applicable laws and regulations of the State of Wisconsin. The undersigned is responsible for complying with State and Federal laws concerning construction near or on wetlands, lakes, & streams. Wetlands that are not associated with open water can be difficult to identify. 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 wetlands identification web page or contact a DNR service center. The undersigned hereby grants the County permission to enter upon & inspect the property as needed. If within two (2) years of the date of issuance of this permit the proposed construction or use has not been commenced, said permit shall expire. (See Sect. 17.62(8) Zoning Ordinance) Where applicable, a sanitary permit is required prior to the issuance of this permit. Any statement made, site plan submitted, 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**

Permit Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date Started \_\_\_\_\_  
Permit Denied \_\_\_\_\_ for the following reason(s) \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

Permit Issued By: \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

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

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**Site Plan Form**    (See back for example)

**PERMIT #**

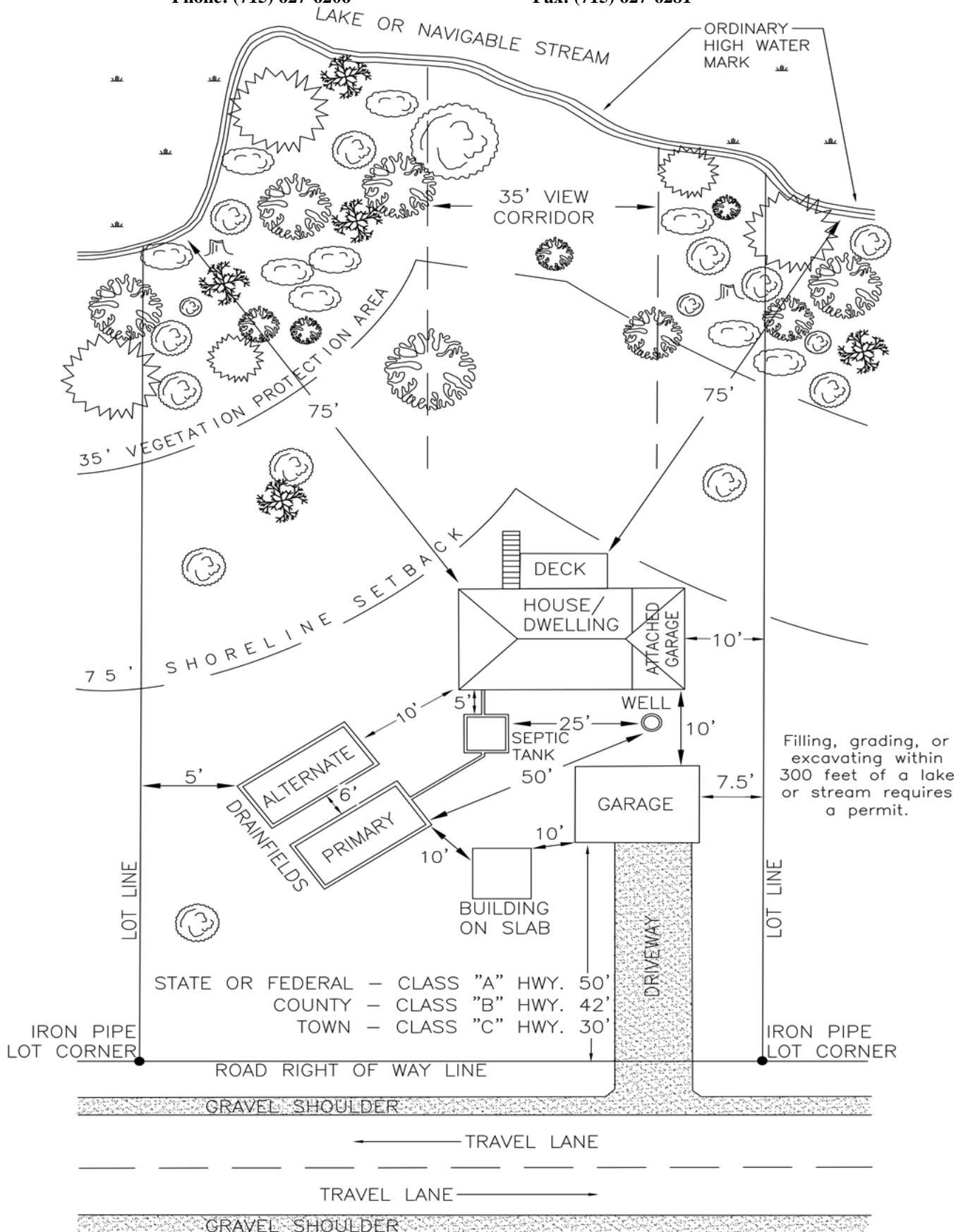
Application for Zoning Permit.    Information required to include:

- |   |   |
|---|---|
| 1. Shape & dimensions of lot.   | 4. Setback, distance from the ordinary highwater mark of lake or stream, if applicable.   |
| 2. Location & dimensions of all existing & proposed structures on lot   | 5. Septic or holding tank & drainfield location and distances from lot lines & buildings. |
| 3. Setback distances from all lot lines & all street yard distances measured from the road right-of-way line. | 6. Location of well.  |

The undersigned hereby attests that the site plan drawn below is an accurate representation of the property and structures located thereon.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### STANDARD CONDITIONS FOR ACCESSORY STRUCTURES

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The following conditions apply to Zoning Permit # \_\_\_\_\_ for an accessory structure:

- 1) The associated permit has been issued for a \_\_\_\_\_. If at any time the accessory structure transforms into a residence, the aforementioned permit becomes null and void.
- 2) If the Langlade County Land Records & Regulations Department receives information from a reliable source that the structure is used as sleeping quarters, or that certain “residential” features have been added to the structure, then this will create a rebuttable presumption that the property owner is in violation. Under these circumstances the property owner would be provided with the opportunity to prove to the satisfaction of LRRD that the accessory structure has not been converted to a residential structure. This could include an inspection of the structure.
- 3) Admitted use as sleeping quarters (by owner, guests, tenants) will automatically transform the ***accessory structure*** into a ***residence***.
- 4) Absent admitted use as sleeping quarters; the Langlade County Zoning Administrator may issue an official determination (subject to appeal) that sufficient amenities exist to infer the use of the accessory structure has transformed from an accessory use to a residential use. The landowner will be notified of this determination in writing. The landowner will have 30 days from the issuance of the determination to appeal the determination.
- 5) Except in cases of a successful appeal, the Zoning Administrator shall then issue an official determination that the residential use of the accessory structure has transformed it from an ***accessory structure*** to a ***residential structure***. This transformation shall require the issuance of a new Zoning Permit as well as adherence of the structure to all applicable County ordinances and State laws including UDC and Private On-site Wastewater Treatment Systems (POWTS).

Examples of “residential” features include:

- Dedicated/separate Utility service;
- Mail Service;
- Bedroom space; Closets
- Food prep space/kitchen;
- Bathroom.

X

Landowner Signature

Date