

**APPLICATION FOR CONDITIONAL USE PERMIT**  
**MARATHON COUNTY BOARD OF ADJUSTMENT**

The applicant hereby requests the Board of Adjustment to hear and decide upon this application as prescribed by Section 17.803 of the Marathon County Zoning Ordinance. **Use a separate sheet if necessary.**

Name of Applicant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: (if different) \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARCEL INFORMATION**

Parcel ID # (PIN): \_\_\_\_\_  
(If more than one parcel is included in this application, list all parcel numbers & legal descriptions on a separate sheet.)

Legal Description: Government Lot: \_\_\_\_\_ **or** \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Section: \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E,  
Town of \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel size: \_\_\_\_\_ Acres **or** \_\_\_\_\_ ft<sup>2</sup> Zoning District: \_\_\_\_\_

**Present use** of property (List all current uses, i.e. home, store, farm field, wooded, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Existing improvements** (Structures, well, septic, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSAL**

Describe **specifically** the nature of this request (be sure to **list all proposed uses** of the parcel). What do you plan to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this application is for a use that will be restricted to part of the parcel, specify the **exact dimensions** of the affected area.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide the following information if this box is checked**

Proposal has additional development standards in Section \_\_\_\_\_. Explain how your proposal meets or exceeds these requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use separate/additional sheet(s) if necessary

## INSTRUCTIONS TO APPLICANT

1. Be sure to complete **all items** on the application. This includes a **brief, but complete explanation** of the current use and proposed new use.
2. Prepare a **map at a scale which is reproducible** (11" x 17" or smaller). For maps larger than 11" x 17", be prepared to provide as many copies as needed for transmittal. In no instance may the scale of the map be less than 1 inch equals 200 feet. There are instances where a cross-section of the property or contours will be helpful, and in some cases one or both may be required. Narrative or photos may be included as supporting documentation.

**At a minimum the map must include:**

- The location, dimensions, and parcel identification number of the lot or lots including a legal description.
- Location of any and all nearby public and private streets.
- Dimensions of the lot and the location of all existing and proposed buildings or structures, and location of existing or proposed private onsite wastewater treatment (septic) system.
- Required front, rear, and side yard areas, open space, and parking.
- On residential parcels, the number of dwelling units contained within each building and proposed number of bedrooms.
- Location and dimensions of all buildings or structures to be erected, structurally altered, or moved.
- Wetlands and floodplains
- Screening/Buffers
- Lighting
- Parking

3. **Include fee** when you submit the application. Please make checks payable to Marathon County.

**We cannot consider an application complete until the following are submitted to this office:**

<i>Check if submitted</i>	<i>Initial of staff</i>	
<input type="checkbox"/>	_____	Completed application including signatures.
<input type="checkbox"/>	_____	Map with all required information.
<input type="checkbox"/>	_____	Additional documents, as needed (lot combination forms, hunting/fishing shelter application, etc.)
<input type="checkbox"/>	_____	Zoning Permit application
<input type="checkbox"/>	_____	Fee

Please contact the Marathon County Conservation, Planning and Zoning Department with any questions: 715-261-6000.

**IMPORTANT:** The applicant or authorized representative **must be present at the hearing** or Board **may deny** the application without prejudice.

Owner Signature (required)	Date
Agent / Person responsible for work <i>Signature</i> (required)	Date

Conditional Use Permits expire six (6) months from the latest date of signature on the approval letter signed by Chairman and the Secretary of the Board of Adjustment if the proposed construction or preparation of land for use has not commenced. The Zoning Administrator may grant an extension for up to six (6) months upon show of valid cause.

<u>Return to:</u>	Board of Adjustment Marathon County CPZ Department 210 River Drive Wausau, WI 54403-5449	Telephone: 715-261-6000 Toll free within Marathon County: 1-800-236-0153 Facsimile: 715-261-6016
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<b>For office use</b> ↓	<b>For office use</b> ↓	<b>For office use</b> ↓
Amount Received: \$ _____	Date Stamp: _____	