MARQUETTE COUNTY
ZONING PERMIT APPLICATION

Marquette County Zoning Office
PO Box 21
Montello, WI 53949
608-297-3036

Section 1 (Owner/Agent Information)

Date_____

Owner's Name_____ Phone #_____

Mailing Address_____ City_____ State___ Zip_____

Builder's Name_____ Builder's Phone #_____

Builder's Address_____ City_____ State___ Zip_____

Section 2 (Property Information)

Property Address:_____ Township:_____

Legal Description_____

Subdivision / CSM _____ Lot_____ Block_____

Parcel ID Number_____ Computer ID #_____

Zoning District_____ Acres_____ or Lot Size _____x_____

Directions to Property from closest County or State Road:_____

Section 3 (Project Information)

Type of Construction Project (i.e. deck, garage, house, etc.)_____

Size of building(s) or structure(s):_____Sq. Ft. or _____ft. x_____ft.

Use of building(s) or structure(s):_____

Estimated Start of Construction:_____ Estimated Cost of Project:_____

Sanitary Permit #_____ Year Sanitary Permit was Issued:_____

Driveway Access: New_____ Existing_____

Did you apply and receive a Variance? If yes, what was the date:_____

Section 4 (Fees) (Make checks payable to: Marquette County Zoning Department)

Check only ONE below:

_____Commercial $150 Receipt #:_____

_____Single Family Dwelling $100

_____Accessory Structure $50

Required Setback to Ordinary High Water Mark/Wetland Boundary: **75 Feet** (From Closest point of Construction)

PLOT PLAN (Site as viewed from above)

1). Make a drawing of your project.

2). Show distances from Centerline of Road(s), All Lotlines, and Ordinary High Water Mark if applicable.

3). Show location of the Septic System and replacement system area if applicable.

4). Please return with permit fee.

****Applications without a plot plan WILL BE RETURNED****

You are responsible for complying with State and Federal laws concerning construction near, or on, wetlands, lakes, and 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 Wetland Identification Web Page (http://dnr.wi.gov/topic/wetlands/locating.html) or contact a Department of Natural Resources Service Center.

The undersigned hereby makes application for the work described and located as shown herein. The undersigned agrees that all such work shall be done in accordance with all the requirements of the Zoning Ordinance and all other applicable ordinances of Marquette County and all applicable laws, codes and regulations of the State of Wisconsin, and states that the above information is true to the best of his or her knowledge. Issuance of this permit is not to be construed as legal responsibility for the construction on the part of Marquette County or its staff. Pursuant to Marquette County Zoning Ordinance 16.0101(1)(e), by applying for this permit the undersigned grants permission for the Marquette County Zoning Department, its agents or assigns, to enter upon the premises and inspect the work to determine compliance with the zoning ordinances and the terms of this permit.

Signature of Owner or Agent_____

INSPECTION **********FOR OFFICE USE ONLY **********

Setbacks

Wetland _____

Waterline _____

Lotline _____

Road _____

Comments:_____

_____

_____

_____

_____

Inspector_____Date_____