

# SHORELAND ALTERATION PERMIT APPLICATION

Forest County Land & Water Resources  
Forest County Courthouse: 200 East Madison Street, Crandon WI 54520

OFFICE USE Fee: \$150	Date Received _____	Date Mailed _____	Permit Number _____
Zone _____	Building Code _____		AS 400 _____ Excel _____

Name of Applicant \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address (911) \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ Township \_\_\_\_\_ Section \_\_\_\_\_ Lake \_\_\_\_\_

Legal Description \_\_\_\_\_

Request: \_\_\_\_\_

Contractor Name \_\_\_\_\_

Any Wetland Alterations: Yes No Located in Floodplain: Yes No

### Project Type

- Vegetation Removal
- Fill
- Grading
- Rip Rap
- Retaining Wall
- Sand Beach Area
- Stairway in Impact Zone
- Deck in Impact Zone
- Other \_\_\_\_\_

### Type of Erosion Control Proposed

- Sod
- Mulch
- Straw Bale Checks
- Fiber Blanket
- Seed
- Geotextile
- Seed & Mulch
- Other (specify) \_\_\_\_\_

### Project Scope

Closest Distance to Ordinary  
High Water Mark: \_\_\_\_\_  
Area of Disturbed Ground  
(length x width) \_\_\_\_\_  
Volume of Fill in Cubic Yards  
(length x width x depth) \_\_\_\_\_  
Average Slope of  
Work area: \_\_\_\_\_  
Feet of Rise for Each Ten (10) Feet of  
Horizontal Distance \_\_\_\_\_

This application is not complete until plans are submitted which adequately describe the proposed project.

I hereby certify that I have examined this application and acknowledge the information submitted to be true. I further agree there shall be no changes in plans or specifications to the work authorized herein unless such change is first approved in writing by the zoning administrator.

The construction site shall be kept reasonably free of debris at all times so as to not create a public nuisance.

The granting of this permit does not exempt the permittee from having to secure other permits from other state, federal or local units of government, which may have jurisdiction over portions of the authorized project.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

A Shoreland alteration permit is hereby approved to begin construction and is issued for one (1) year from date of permit for the above location under existing regulations and is approved for zoning compliance.

Conditions \_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

# SITE PLAN

Permit #:	Date:	Notes/Comments:	1" = _____' 
Pin #:			
Owner:			
Address:			
Project:			

