

SHORELAND ALTERATION PERMIT APPLICATION

Forest County Land & Water Resources
 200 East Madison Street, Crandon WI 54520
 Phone: 715-478-3893

| | | | |
|---------------------------------|-----------------------|---------------------|-----------------------|
| OFFICE USE FEE: \$150.00 | Date Received: | Date Mailed: | Permit Number: |
| | | | |

Name of Applicant: _____ Daytime Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Property Address: _____

Tax Parcel Number (12-digit): _____ - _____ - _____

Section: _____ Township: _____ Range: _____ Lake: _____

Legal Description:

Request:

Contractor Name: _____

Any Wetland Alterations: YES / NO

Located in Floodplain: YES / NO

Project Type:

Type of Erosion Control Proposed:

Project Scope:

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

- Sod
- Mulch
- Straw Bale Checks
- Fiber Blanket
- Seed
- Geotextile
- Seed & Mulch
- Other _____

- Closest distance to OWHM _____
- Area of disturbed ground (L X W) _____
- Volume of fill in cubic yards (L X W X D) _____
- Average slope of work area _____

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: _____

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: _____