-----Shaded Area For County Use Only ------

Phone: (608) 742-9660 Fax: (608) 742-9817 www.co.columbia.wi.us

112 E. Edgewater St. Portage, WI 53901

## Planning & Zoning Department

Pursuant to Columbia County Ordinance 16-125-020(A)(5)

Notes:	Parcel #:		Permit #:	
NOIGS.				
		•	orary Occupancy	
		(Requires Annual	I Town Approval and I	Renewal)
		•	•	eted. We do not issue refunds.
housing for operator, be mobile home be returne	cation is for those individor farm labor. The applications a Temporary Occupe must have a connected to. Your property tax bill sections.	luals who have a mation must be composed permit will be private sewage systemuld contain all the nent at (608) 742-9	nobile home on an opeolete in its entirety, incless issued. In addition, sistem prior to issuance the information necessale or the Planning & information.	erating farm for the purpose of providing cluding a notarized signature of the farm ince the permit authorizes occupancy, the of the permit. Incomplete applications wary to complete this form. You may also & Zoning Department at (608) 742-9660 for
The Zonir	g Ordinance allows mob			
1. It mu	ist be on an operating fai	m and no more tha	an one is permitted	
	Town Board must verify to Iution or copy of the Town			on the farm annually. A written statement
3. The	farm operator, on forms p	provided by the Cou	unty, must submit a sv	worn (notarized) statement annually that
the c	occupant of the mobile ho	me is employed in	the farm operation.	
4. Any will b viola	e deemed to be in violat	on and shall be ren	noved from the farm v	upied other than as permitted by ordinanc within 90 days of receiving notice of such
Nama af 1			npleted by farm o	•
•				
	·			
Description	on of Mobile Home (S	3ize, Color):		
l,				hereby swear that the information
	re is correct to the bes lands will be occupied			ile home located on the above- my farm operation.
Property (	Owner Signature			Date
Print Nam	e:			
Subscribe	ed and Sworn to befo	ore me		
	day of			
		, _0	<del></del> -	
Notary Pu	ıblic, State of Wiscoi	 nsin		
My Comn	nission Expires/Is:			

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The owner hereby authorizes access to the property described herein, by authorized representatives of the Planning & Zoning Department, for the purpose of gathering or verifying information relating to the application, and for verifying compliance with any approval or permit that may be granted. The applicant further agrees that the site is staked and an inspection of such proposed structure may be made by the Columbia County Planning & Zoning Department between the hours of 8:00 am and 4:30 pm, Monday through Friday.

Pursuant to §59.691(3) Stats, the applicant must sign below to indicate acknowledgement of the following, "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 Dept. of Natural Resources web page at: http://dnr.wi.gov/wetlands/programs.html or contact a Dept. of Natural Resources service center.

The undersigned hereby applies for a permit to do work herein described. The undersigned agrees that all work will be done in accordance with the Columbia County Zoning, Floodplain and Shoreland-Wetland Protection Ordinances, and with all laws of the State of Wisconsin, applicable to said premises.

## premises. 1. **Contact Information Property Owner Information** Property Owner Name: \_\_\_\_\_ Mailing Address: City, State, Zip:\_\_\_\_ Telephone: E-Mail Address: **Applicant/Contractor Information** (if different than Property Owner) Applicant Name: \_\_ Mailing Address:\_\_\_ City, State, Zip: Telephone: \_\_\_\_ E-Mail Address: **Property Description** (parcel information can be obtained at www.co.columbia.wi.us) Site Address: Town of \_\_\_\_\_ Section \_\_\_\_\_ Town \_\_\_\_ N Range \_\_\_\_ E Subdivision\_\_\_\_\_ CSM \_\_\_\_\_ Lot \_\_\_\_\_ Parcel #\_\_\_\_\_ Acreage \_\_\_\_\_ Mail Permit(s) to: Owner Applicant/Contractor or Pick Up Permit(s): Owner Applicant/Contractor Property Owner Signature\_\_\_\_\_\_ Date\_\_\_\_\_ ----- Shaded Area For County Use Only -----Permit(s): Existing Zoning: STAMP Wetland Status: \_\_\_ Permit #(s):\_\_\_\_ Flood Plain Status: Septic Permit #: \_\_\_\_\_ Evaluation? Yes No Amount Paid: \_\_\_\_ Driveway Permit #:\_\_\_\_\_ Town Permit:\_\_\_\_\_ NOTES: Department Signature \_\_\_\_\_ Date: \_\_\_\_