

Parcel ID # \_\_\_\_\_

PERMIT # \_\_\_\_\_

# ONEIDA COUNTY ADMINISTRATIVE REVIEW PERMIT APPLICATION

Office use only: Photos to be scanned?  Yes  No  
File name: \_\_\_\_\_

Oneida County Zoning  
P.O. Box 400  
Rhineland, WI 54501



Oneida County Zoning  
Minocqua Branch Office  
P.O. Box 624  
Minocqua, WI 54548

**This permit does not authorize construction or placement of structures.**

**Use black ink only**

1. Property owner's name (as held in title): \_\_\_\_\_
2. Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone number (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
4. Name of applicant: \_\_\_\_\_
5. Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Telephone number (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

7. Legal description (¼ ¼ , Gov't Lot, CSM, Subdivision & Lot # or Condominium) \_\_\_\_\_
8. Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Town of: \_\_\_\_\_
9. Site address: \_\_\_\_\_
10. Nature of proposed project/use: \_\_\_\_\_

11. APPLICANT'S CERTIFICATION: The undersigned hereby applies for Administrative Review Permit described in this application and certifies that the information provided is complete, accurate, and all projects will be completed in compliance with the requirements of the Oneida County Zoning and Shoreland Protection Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that the issuance of this permit creates no legal liability, expressed or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty. Administrative Review Permits expire two years from date of issuance if the proposed use has not commenced. **This Administrative Review Permit may be subject to Conditional Use Permit procedures pursuant to Section 9.36(A)(2)&(3) of the Oneida County Zoning & Shoreland Protection Ordinance.**

**THIS APPROVAL DOES NOT AUTHORIZE CONSTRUCTION OR PLACEMENT OF STRUCTURES. ZONING PERMITS MUST BE OBTAINED FROM THIS DEPARTMENT PRIOR TO ANY CONSTRUCTION.**

12. Print name (applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (applicant) \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY			
Zoning district:	Is the property located in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Map #:	FIRM dated:
Remarks and/or conditions of issuance:			
This application has been reviewed pursuant to ordinance dated:			
Fee: \$250.00		Receipt #:	
Granted by:		Issued date:	
Zoning Director's signature (staff initials)		Expiration date:	

**PROPOSED PROPERTY USE DETAILS** (please check appropriate boxes or provide information)

13. Improvements on property (check one):  Existing building or suite  Expansion  Vacant
14. Current use of area to be occupied: \_\_\_\_\_
15. Will any merchandise/services offered involve firearms, weapons, ammunition, liquor, tobacco, fireworks, adult themes (including books/magazines)?  No  Yes
16. Maximum number of employees per shift: \_\_\_\_\_
17. Estimated number of customers per day: \_\_\_\_\_ Seating capacity if applicable \_\_\_\_\_
18. Square footage of retail area(s) accessible to customers: \_\_\_\_\_
19. Number of parking spaces provided onsite (also illustrate on site plan): \_\_\_\_\_
20. How will generated garbage be disposed of (trash cans, dumpster)? \_\_\_\_\_  
How will trash receptacles be screened from view? \_\_\_\_\_
21. Will there be any outdoor storage (including vehicles and/or trailers), displays or activities?  
 No  Yes, if yes, describe here and show on site plan: \_\_\_\_\_
- \_\_\_\_\_
22. Exterior lighting:  Existing  Proposed
23. Will the proposed use generate any hazardous waste?  No  Yes, if yes, describe \_\_\_\_\_
- \_\_\_\_\_
24. Will the proposed use generate any air emissions or odors?  No  Yes, if yes, describe \_\_\_\_\_
- \_\_\_\_\_

**PROJECT DETAILS**

25. Description of proposed use: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PROPOSED CONSTRUCTION DETAILS** (if utilizing existing building space proceed to page 3)

26. Square footage of proposed land disturbance: \_\_\_\_\_
27. Stormwater shall be contained on the property. Describe the method of onsite stormwater management here and illustrate on the attached plan \_\_\_\_\_
- \_\_\_\_\_
28. Are erosion control measures being provided?  No  Yes



**CONSTRUCTION PLANS** (if utilizing an existing building space proceed to line 32)

31. If available, please attached architectural, engineering or contractor plans available for the building(s) and/or other proposed structures on the property. If not, please provide a drawing of the buildings below showing all dimensions of the structure(s) including height. Cross sectional view must be included (side view).

**FLOOR PLAN**

32. Provide contractor floor plans or draw the floor plan of the facility to be used in conjunction with this application. Show each floor: label the use of and show dimensions for each room. If contractor floor plans are available and legible (11"x17" or smaller) they may be used and attached provided the rooms are labeled and dimensions are shown.

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares, intended for drawing floor plans or cross-sectional views.