PARCEL ID#_____

# ONEIDA COUNTY
# GENERAL PERMIT APPLICATION

PERMIT #_____

**Photos to scan:** ☐ Yes ☐ No

**File name:** _____

**Oneida County Courthouse**
**P.O. Box 400**
**Rhinelander, WI 54501**

**Minocqua Branch Office**
**P.O. Box 624**
**Minocqua, WI 54548**

**Use black ink only**

**PERMIT APPLYING FOR:** ☐ **Zoning Permit** ☐ **Shoreyard Alteration Permit (SAP)** ☐ **Impervious Surface Area** ☐ **Mitigation** ☐ **Demolition Permit** ☐ **Sign Permit**

| | | |
|---|---|---|
| **Owner's last name:** | **First:** | **MI:** |
| Mailing address: | | |
| City: | State: | Zip: |
| Telephone number: ( ) - | E-mail: | |
| **Applicant's last name:** | **First:** | **MI:** |
| Mailing address: | | |
| City: | State: | Zip: |
| Telephone number: ( ) - | E-mail: | |
| **Contractor's last name:** | **First:** | **MI:** |
| Mailing address: | | |
| City: | State: | Zip: |
| Telephone number: ( ) - | E-mail: | |

**PROPERTY INFORMATION**

| | | | |
|---|---|---|---|
| Section: | Township: | Range: | Acres: |
| Legal description (¼ ¼ , Gov't Lot, CSM) | | | |
| Subdivision and Lot #: | | | |
| **Site address and directions to property**: | | | |

APPLICANTS CERTIFICATION: The undersigned hereby applies for the above-described permit and certifies that the information provided is complete, accurate, and that all projects will be completed in compliance with the requirements of the Oneida County Zoning & Shorelands 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, express 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. 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 (DNR) wetlands identification page at http://dnr.wi.gov/topic/wetlands/locating.html or contact a DNR Service Center. The undersigned assumes responsibility for the above said project(s) and hereby grants Oneida County permission to enter upon and inspect the property as needed. Additional responsibilities for owners of projects disturbing one or more acres(s) of soil. I understand that this project is subject to NR 151 regarding additional erosion control and storm water management and will comply with those standards. For more information, visit the DNR or DNR Service Center.

Print name (owner/agent)_____ Date_____

Signature (owner/agent)_____ Date_____

**OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Zoning district: | Is project within floodplain? ☐ Yes ☐ No | Map #: | FIRM dated: |
| This application has been reviewed pursuant to ordinance dated: | | | |
| **Remarks and/or conditions of issuance: Permit must be posted in a conspicuous location prior to and during construction.** | | | |
| **Demolition Permit expires three years from the date of issuance and cannot be renewed.** | | | |
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| | | | |
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| **Mitigation fee:** | **Zoning permit fee:** | | **SAP fee:** |
| **Impervious surface area fee:** | **TOTAL FEE:** | | **Receipt #:** |

| | |
|---|---|
| **Granted by:**_____ **Zoning Director's signature** **(staff initials)** | **Issued date:** |
| | **Expiration date:** |

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# DEMOLITION PERMIT

OWNER/AGENT INITIALS_____

**If there are multiple buildings on the property, attach a sketch to indicate which structure(s) will be demolished or removed from the property.**

**Check all that apply:**

☐ Removal of entire dwelling ☐ Removal of boathouse/boat shelter ☐ Removal of deck/patio
☐ Removal of garage/shed ☐ Removal of walkway ☐ Removal of mobile home
☐ Removal & rebuilding of structure ☐ Other:_____

*(All items checked must be listed as a project on this application. This is not an all-inclusive list. Please add any items not specified on the list above under "Other" items. Attach additional project detail list if needed.)*

If structure is connected to a private onsite wastewater treatment system (septic system), and the septic system will be abandoned, complete the POWTS Abandonment Form on the reverse side. If the septic system will be kept intact, it will remain on the Oneida County sanitary maintenance program.

**STRUCTURES TO BE DEMOLISHED**

| | | |
|---|---|---|
| **Project 1:** | Permit type: ***(office use only)*** | Permit sub-type: ***(office use only)*** |
| Building Dimensions: Length_____ Width_____ Height_____ # of stories_____ | | Sq ft: (specify each level) Total sq ft = |
| **Project 2:** | Permit type: ***(office use only)*** | Permit sub-type: ***(office use only)*** |
| Building Dimensions: Length_____ Width_____ Height_____ # of stories_____ | | Sq ft: (specify each level) Total sq ft = |
| **Project 3:** | Permit type: ***(office use only)*** | Permit sub-type: ***(office use only)*** |
| Building Dimensions: Length_____ Width_____ Height_____ # of stories_____ | | Sq ft: (specify each level) Total sq ft = |
| **Project 4:** | Permit type: ***(office use only)*** | Permit sub-type: ***(office use only)*** |
| Building Dimensions: Length_____ Width_____ Height_____ # of stories_____ | | Sq ft: (specify each level) Total sq ft = |

**DESCRIBE PROJECT DETAILS**

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|---|
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**CONDITIONS OF PERMIT ISSUANCE**: 1) All debris is to be properly disposed of. 2) Applicant must verify that asbestos is not present in the structure. 3) Applicant must follow DNR and any applicable regulations for removal, disposal, etc. of all structures. Visit the DNR web site at www.dnr.wi.gov/topic/Demo regarding demolition of structures. See additional conditions listed on the general permit application approval section.

**REPLACEMENT OF STRUCTURES WITHIN THE SETBACK AREA:** In order to ensure that a principal structure being voluntarily demolished and replaced within the setback is rebuilt in the same location and footprint, the following shall be followed: 1) Prior to demolition of the structure, all structure corner locations shall be documented by a WI licensed surveyor. 2) After excavation but prior to installation of the foundation, the surveyor shall mark and stake the corner locations. 3) The surveyor shall provide written certification that the corners were documented and remarked as described above to the Planning and Zoning Department.

## POWTS ABANDONMENT FORM

**To the system owner:** It is important for you to verify the legal description, including the parcel number, with your tax records. Please indicate any changes or corrections on this form.

Sanitary Permit number: _____

Parcel Identification Number: _____

Property address: _____

**Please note: The person that performs the septic tank pumping must be properly licensed and must provide the information to complete all of the statements in the certification section. Any report that does not include all of that information cannot be accepted.**

**POWTS ABANDONMENT CERTIFICATION**

The private sewage system identification above was abandoned on: _____ (date)

1) The septic tank(s) were pumped by a licensed septic pumper: □ Yes □ No

2) The septic tank(s) were (please check the appropriate box):
   - □ Completely removed
   - □ Destroyed in place

3) If the septic tank(s) were destroyed in place, please certify that the following actions were taken:
   - □ Tank cover removed
   - □ Tank bottom broken
   - □ Tank sidewalls collapsed
   - □ Remaining pit filled

4) All piping leading to and from the septic(s) was disconnected and sealed: □ Yes □ No

Comments:_____

_____

_____

Licensed septic pumper: _____
Printed name Signature License #

Septic pumper business name: _____

POWTS abandoner:_____

POWTS abandoner business name:_____

Return this form to Oneida County Planning & Zoning, P.O. Box 400, Rhinelander, WI 54501.
Please call (715) 369-6130 if you have questions.