

APPLICATION FOR FLOODPLAIN LAND USE PERMIT

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A PERMIT TO DEVELOP IN A FLOODPLAIN. The work to be performed, including flood protection works, is as described below and in attachments hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Village of Biron Floodplain Zoning Ordinance, Shoreland/Wetland Zoning Ordinance and with all other applicable County Ordinances and the laws and regulations of the State of Wisconsin and the Federal Government.

LANDOWNER		LEGAL DI	GGAL DESCRIPTION			
		1/4, 1/4		, Sec. T R		
ADDRESS		LOT#	BLOCK#	SUBD.	OR CSM#	
CITY, STATE, ZIP	PHONE NUMBER	PROPERTY ADDRESS		PARCEL NUMBER		
		l .				
CONTRACTOR/BUILDER	ENGINEE	ENGINEER/DESIGNER				
ADDRESS		ADDRESS	ADDRESS			
CITY, STATE, ZIP	PHONE NUMBER	CITY, ST.	ATE, ZIP		PHONE NUMBER	
		<u> </u>				
PROPOSED WORK	<u>BUILDING</u>		FLOOD DISTRICT		& COST	
(check all that apply)		(elevation in USGS)				
Subdivision:	New	Regional F	Regional FF		Sq ft. Of Structure	
Structure:	_ Addition	Regional FW		# Bedrooms		
Filling:	Alteration	RFE:		Date Assessed		
Grading:		Top of Fill		Ass. Cost \$		
Mineral removal:	Replacement				Cost of Project \$	
Dredging:		Firm Zone:		_ Sq ft. Of Fill		
Zoning Permit #:	Φ77.00 P	Sanitary permit	: #:		(if applicabl	
Land Use Permit Fee:		Date paid:				
The undersigned hereby	y makes application for a	Certificate Of C	Compliance to	use or oc	cupy the land or	
structure(s).			-			
PROPERTY OWNER	R NAME:					
SIGNATURE:						
YOU ARE RESPONS	SIBLE FOR COMPLYIN	G WITH STAT	TE AND FEI	DERAL L	AWS CONCERNING	
CONSTRUCTION NE	EAR OR ON WETLAND	S, LAKES, A	ND STREA	MS. WET	LANDS THAT ARE NO	
ASSOCIATED WITH	OPEN WATER CAN B	E DIFFICULT	TO IDENTI	FY. FAIL	URE TO COMPLY MA	
RESULT IN REMOVA	AL OR MODIFICATION	OF CONSTR	RUCTION TH	HAT VIOI	LATES THE LAW OR	
OTHER PENALTIES	OR COSTS. FOR MOR	RE INFORMAT	TION, VISIT	THE DE	PARTMENT OF	
NATURAL RESOURCE	CES WETLANDS IDEN	ITIFICATION \	WEB PAGE			
www.dnr.wi.gov/wetla	nds/delineation.html Of	R CONTACT A	A DEPARTI	IENT OF	NATURAL	
RESOURCES SERV						
Signature of Property	Owner:			Date:		
	owledge that I have receive	ed this notice.		Date.		
Approved	Signed					
Denied		(Zoning Adm	(Zoning Administrator)			

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