

Steve Burger
Town of Stettin Zoning Administrator
(715) 432-3743

12004 Stettin Drive
Marathon WI 54448

Town of Stettin Zoning Permit Application

Zoning App. # _____

Property Owner / Applicant Information (Please fill out completely)

Owner(s) _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

Applicant / Contractor(s) _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

Location of Proposed Project:

Address _____ Parcel Number 38- _____

Legal Description: _____

Permits: Sanitary # _____ Shoreland Zoning # _____ Driveway # _____

Affirmation to the Town of Stettin

5. Proposed Improvement: House _____ Garage _____ Other: _____

6. State the current use of the property: _____

7. Describe exterior finish of proposed building: _____

8. Describe the intended use of the proposed building: _____

9. Estimated cost of improvements: _____

Site Plan / Elevation – All applications require a site plan listing all driveways, structures on the property, wells, POWTS systems, existing wetlands, ponds, and creeks. Elevations are required for all homes and garages.

Setbacks: Front yard: _____ Street Side Yard: _____ Left Side: _____
Right Side: _____ Rear Yard: _____

**I am applying for a zoning permit and agree that all construction and use of the property that is the subject of this application will be in accordance with the Town of Stettin Zoning Ordinance and all other applicable ordinances and laws of the State of Wisconsin. I understand that the issuance of this permit creates no liability, expressed or implied on the part of the Town of Stettin.

Owner/Agent _____ Date _____ **(OVER to Page 2)**

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Before Submitting Your Zoning Application, Please Read and Complete the Following as applicable:

- Contact the Marathon County Planning Department (261-6048) to have your property assigned an address.
- Obtain permit application for a sanitary permit.
- Complete the culvert, driveway and shore land permits and have them approved.
- Contact Marathon County Conservation, Planning, and Zoning for required setback to wells, POWTS, and other sanitary systems at 261-6021.
- The property owner / applicant is hereby advised that properties within one thousand (1000) feet from the ordinary high-water mark of a lake, pond or flowage; or three hundred (300) feet from the ordinary high-water mark of a river or stream or to the landward side of the floodplain is required to procure Marathon County Shore Land Permits. If your property contains a wet area of any sort, contact Marathon County Shore Land Zoning listed below.
- Calculate zoning application fee using the schedule below. **(Nonrefundable fee.)**
- Submit a completed zoning application, site plan, all application fees (listed below) and copies of all other approved permits to the Town of Stettin Zoning Administrator.
- As soon as your Zoning Permit is approved, you will need an approved Building Permit. Contact the Building Inspector, listed below.

Zoning Permit Application Fee Schedule: ** Make Checks Payable to: Town of Stettin **

- 1. **Construction:** \$20.00 plus \$1.00 for each \$1,000 of probable project cost
- 2. **Demolition:** \$5.00 – **Must be trucked off site – Can not bury**
- 3. **Sign:** \$5.00 plus \$0.35 per square foot over ten (10) square feet (Elevation Required)
- 4. **Culvert/Driveway:** \$40.00 (for new home application).
- 6. **Address Sign:** \$25.00 (Mandatory for new addresses).

Obtain your Permits and Information from these Contacts:

Address Assignment	M. C. Planning Department	Preston Vande Voort	(715) 261-6048
Sanitary Permit	M. C. Zoning Department	Dale Dimond	(715) 261-6020
Shore Land Zoning	M. C. Zoning Department	Mark Clark	(715) 261-6020
Zoning Permit	Zoning Administrator	Steve Burger	(715) 432-3743
Building Permit	Building Inspector	Darin Pagel	(715) 218-0822

Stettin Ordinance 5.04 – Offenses Against Public and Private Property

- **No person shall within the limits of any public highway in the Town of Stettin, operate any vehicle or any piece of machinery on, over, along or across any public highway in such manner as to cause damage to said highway.**

Incomplete applications will not be reviewed and will be sent back to the applicant.

For Office Use Only

Application Received _____ Permit Fee _____ Zoning District _____

Date Reviewed _____ Check # _____ Application: Approved / Denied

Reason for Denial/Condition of Approval _____

Signed _____ Date _____

Town of Stettin Zoning Administrator