# **TOWN OF WAUSAU APPLICATION AND PERMIT FEES**

Adopted March 5, 2018, Amended 9/8/2021 Amended 11/3/2022

NAME OF FORM	CODE OF ORDINANCE NUMBER	COST
Agricultural Event Venue Permit	Sec.42.111	\$125.00
Cigarette and Operator License	Contact Clerk	\$15.00
Commercial Buildings	Sec.17.46	\$250.00
CSM Review	Sec.18.10	\$100.00
Conditional Use Request	Sec.17.96	\$350.00
Decks	Chapter 17	\$35.00
Dog License:	Sec.107	
Spayed/neutered		\$10.00
Unspayed/unneutered		\$15.00
Driveway/culvert Permit	Sec.58.111	\$50.00
Equipment rental: hourly rate of the town worker plus \$60 per hour/piece of		
equipment	0 00 404	No Observe
False Alarm Fee and Fire Inspection Violation First Offense	Sec.30.104	No Charge
Second Offense		\$100.00
Third Offense		\$250.00
Fourth Offense		\$500.00
Fence Application	Sec.17.15(3)(b)	\$10.00
	(3 & 4)	
Fire Protection Charge:	Sec.30.103	\$600.00
Special situations an additional \$250/hour		Minimum \$250.00
Fireworks Permit	Sec.42.112	\$0.00
Greenhouse	Chapter 17	\$50.00
Kennel License/ Multi-dog License	Sec.10.107	\$75.00
Liquor License	Sec.6.102	\$350.00**
Mobile Service Support Structure Permit	Sec.17.22	\$500.00
Mowing Grass \$75/hour which includes travel to and from the municipal center		\$75.00
Moving permit-garage and accessory buildings	Sec.14.111.	\$100.00
Moving permit-dwelling and other buildings	Sec.14.111	\$300.00
Municipal Center Rental (\$25 security deposit)		\$100.00
Operator's License	Sec.6.104	\$15.00
Outdoor Furnace Permit	Sec.30.101	\$25.00
Pond Permit	Sec.17.21	\$500.00
Real Estate Title Search		\$50.00
Renewal of Zoning permit	Sec.17.93	Based on
		type of
	_	building
Rezone Change	Sec.17.95	\$350.00
Salvage Yard Permit		\$350.00
Sanding and Plowing: \$35 base pay plus \$1.00/minute or \$85/hour		
Signs: Address	Sec.14.121,	Actual Cost
	122, &123	
Signs: Commercial, Business, Agricultural (a permit is required)	Sec.17.81 & 82	\$50.00
Snowplow Disclaimer		No charge

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Special Event Permit	Sec.42.111	\$50.00
Structures: additions, accessory, or agricultural:	Sec.14.108	
Under 500 sq. ft.		\$25.00
501 sq. ft. to 1500 sq. ft.		\$75.00
1501 sq. ft. and above		\$150.00
Structures, principal (homes): All applications must have a sanitary permit		\$250.00
Subdivision Review	Sec.18.11	\$200.00
Utilities Permit	Sec.58.114	\$25.00- \$250.00
Variance Request	Sec.17.98	\$350.00
Weight Limit Permit	Sec.58.109	No charge
Wrecking Permit	Sec.14.117	No charge

A double fee will be charged for all after-the-fact applications to partially recover the cost of obtaining compliance.

Zoning permits are not required for routine maintenance and repairs such as replacing siding, windows, and roofing. No permit is necessary if a deck is being replaced at the same size.

# YARD REQUIREMENT CHART

DISTRICT	HEIGHT	FLOOR AREA	LOT AREA	WIDTH AT BUILDING LINE	SIDE YARD	REAR YARD
R-1/20	35 feet	1000 sq. ft.	20,000 sq.ft.	100 feet	10 feet	35 feet
TA-1/40	35 feet	1000 sq. ft.	40,000 sq.ft.	150 feet	15 feet	35 feet
A-1/80	35 feet	1000 sq. ft.	80,000 sq.ft.	200 feet	20 feet	50 feet
СМ	35 feet	1000 sq. ft.	20,000 sq.ft. 40,000 sq.ft. With residence	150 feet	15 feet	35 feet

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<sup>\*\*</sup>The fee will triple if received after July 1.

## TOWN OF WAUSAU CONDITIONAL USE PERMIT APPLICATION

Please complete all information requested on this document for the purpose of obtaining a conditional use permit. Submittal is required 25 days prior to the scheduling of a hearing before Town Planning Commission. See Town of Wausau Application and Permit Fees for required fee. Following a public hearing the Town Planning Commission will make a recommendation to approve/deny to the Town Board. Final approval/denial and conditions will be made by the Town Board.

Property Owner		
Name	Company Name	<del>-</del>
Address		
City	State	Zip
Phone	Email	
Applicant/Agent representing owner	er	
Name		
Address		
	State	
Phone	Email	
Property Location or Legal Description_		
Tax Key Number	Current Zo	ning of Parcel
Parcel Size or	Acres	
CONDITIONAL USE IS REQUESTED FOR_		
	ames, addresses, and Tax Key numbers for a e conditional use permit is requested. Use o mes.	
Property Owner Name	Address	Tax Key Number

Please attach a map showing location of each property			
AFFIDAVIT			
(We), being first duly sworn, attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Town of Wausau, Marathon County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and other documents and material, are honest and true to the			

best of my (our) knowledge.

Further, I (we) as Owner(s) of the subject property authorize and direct the Authorized agent(s) identified above to act as my (our) representative (s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf.

Further, I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be complete and accurate, as determined by the Zoning Administrator for the Town of Wausau before a hearing on this matter can be scheduled.

Name of Agent(s)	Name of Owner(s)
Signature of Owner(s)	
The foregoing instrument was sworn to and	acknowledged before me this day of,,
Notary signature	_ Commission Expires

Please return both pages along with a map of the area and the appropriate fee to: Town of Wausau Zoning Administrator 231302 Shenandoah Ridge Rd Wausau, WI 54403

# **TOWN OF WAUSAU CSM/Subdivision Review**

The Subdivision Plat or CSM shall be prepared by a land surveyor who is registered in the State of Wisconsin and who shall comply with the appropriate State Statutes (Chapter 236), Marathon County and Town of Wausau Land Division Regulations.

Property Owner:					
Address:					
City, State, Zip:					
Telephone:	Home:	Business:	Cell:		
Email:					
Applicant Name:					
Address:					
City, State, Zip:					
Telephone:	Home:	Business:	Cell:		
Email:					
Contact Person:					
Telephone:	Home:	Business:	Cell:		
Property Description:					
Zoning District:	R1/20AT	1/40A 1/80CM 1Multi Fan	nily		
		st be shown on the Subdivision Plat o			
	Name of the proposed land division/subdivision on the legal description of the proposed land division and total area in acres or square feet to be divided.				
☐ North arrow and th	North arrow and the preparation date on each sheet.				
☐ Dimensions of all lo	Dimensions of all lots, together with proposed lot and block numbers.				
	The surveyor preparing the preliminary plat shall certify on the face of the plat that it is a correct representation of the features and that he/she has fully complied with this ordinance.				
Scale of 1" = 100' Administrator.	Scale of $1'' = 100'$ - an alternate scale may be used with prior written approval from the Town of Wausau Zoning Administrator.				
☐ Key map including	Key map including the area within a one-mile radius of the Plat.				

Ц	The final plat must be signed by the Town of Wausau Chair, Clerk, and Treasurer.					
	IN ADDITION TO THE ITEMS LISTED ABOVE, THE FOLLOWING INFORMATION MUST BE PROVIDED FOR A LAND SUBDIVISION (County or State):					
	Name of the proposed streets, which shall not duplicate or be similar in pronunciation or spelling to the names in any plat recorded in the Town.					
	Location of right-of-way width and names of all existing and proposed streets.					
	Location and dimensions of any sites to be reserved or dedicated for parks, playgrounds, drainage ways, or other public use, or which are to be used for group housing, shopping centers, church sites, or other nonpublic uses not requiring lotting.					
	Any existing or proposed lake or stream access.					
	The regional floodplain boundary and the contour which is 2 feet above floodplain using mean sea level datum.					
	Roads and streets that are in compliance with the Town of Wausau Road Standards Ordinance.					
	Five (5) copies of the <i>Subdivision Plat or CSM</i> , no larger than 24" by 36", ALL FOLDED.					
	One (1) 11" x 17" black line copy of the Subdivision Plat or CSM.					
pro any	<b>CEPTANCE:</b> I (we) certify that I (we) am (are) familiar with applicable state and local codes and ordinances, the reduirements of the Town of Wausau, and have submitted all the required information. I understand that if regal fees are incurred by the Town of Wausau as a result of finalizing this application, I may be required to pay the or all of these legal fees.					
Pro (No	perty Owner Signature: Date: Date: other signature may be substitute for the Property Owner's Signature)					
App	olicant's Signature if not Property Owner: Date:					

Return to: Town of Wausau Clerk or Zoning Administrator with the appropriate fee:
Larry Vesely
Zoning Administrator
231302 Shenandoah Ridge Rd
Wausau, WI 54403 715 574 9186

## TTOWN OF WAUSAU DRIVEWAY/CULVERT PERMIT

#### Requirements for installation of a Driveway

- 1. Road width at the intersection of 20 feet.
- 2. Width clearance at the intersection of 24 feet and a steel or plastic culvert no less than 30 feet.
- 3. Width clearance of 16 feet free of trees, brush, wires, or other potential obstructions.
- 4. Height clearance at the intersection of 16 feet free of trees, brush, or other potential obstructions and 14 feet 6 inches for wires.
- 5. The driveway within the area of the public right-of-way shall slope away from the public road at a minimum of 1% and a maximum of 5% to prevent erosion onto the public road.
- 6. The angle of any intersection of a town road and driveway shall be 90 degrees.
- 7. Private roads and driveways must withstand emergency vehicles.
- 8. Vertical retaining walls of any type of construction are prohibited.
- 9. All disturbed town facilities must be restored promptly. When restoration is not accomplished voluntarily without delay, the town authority may issue a notice setting forth a final date by which the restoration must be completed. If the applicant fails to complete the restoration within the allotted time, the town may arrange for the restoration, and all resulting costs shall be the obligation of the permit applicant.
- 10. The entire cost of installing and maintaining the driveway shall be borne by the applicant.
- 11. Any boulders, stumps, or other debris resulting from the performance of the work shall be disposed of by completely covering or entirely removing from the road right- of-way in a satisfactory manner. Road surfaces, slopes, shoulders, ditches, culverts, and vegetation disturbed shall be restored.
- 12. Blasting within the limits of the town right-of-way is prohibited unless specifically authorized by this permit.
- 13. Ditching must be complete and have proper elevation to provide for adequate drainage.
- 14. A culvert is required in all driveways for proper drainage and shall be installed after elevation and location is obtained from the Town Board or its authorized delegate and is at the owner's expense.
- 15. It is the responsibility of the permit applicant to maintain the driveway culvert and replace it when necessary.
- 16. The minimum length of any culvert installed shall be at least two feet greater than the base course width. In no case shall the culvert be less than 15 inches in diameter.
- 17. The duplicate flare or slope of the culvert shall have a 3 to 1 slope.
- 18. All work shall be carried out in a manner satisfactory to the Town as to compliance with the terms and condition stated.
- 19. Any variance from these requirements must have prior approval from the Town Board.

#### **Other Requirements:**

- 1. Sketch Map. A rough sketch showing the conceptual design of the project and approximate location and dimensions of the project.
- 2. Plat Map. A plat map indicating the location and dimensions of the desired driveway and highway access locations, if any, as well as the parcels immediately adjacent to the applicant's property.
- 3. Other documents. The Town Board or its designee may require other documents be attached to the permit.
- 4. The permit fee of \$50 made payable to the Town of Wausau.

Questions, please contact Larry Vesely, Zoning Administrator, at 715 574 9186.

# **TOWN OF WAUSAU DRIVEWAY PERMIT APPLICATION**

The undersigned owner, legal occupant or operator, of described property, hereby requests permission to construct a driveway and/or install a culvert as described below:

First Name	Last Name
Address	City, State, Zip
Phone	Email
Describe erosion control	Indicate location of driveway
Check: New Driveway2ndDriveway	Width of the Driveway:
Please provide a sketch or plat map of the site th	ne driveway is to be installed.
been read and understood. The owner also certif	ompanying ordinance regulating culvert and driveways has fies that all information provided is accurate. The owner d/or driveway will be installed as directed by the Town of inances.
By	2
The Town of Wausau has determined the fo	ollowing culvert requirements:
Culvert Type Diamet	er inches Length
Sketch map approved:yesno	Plat map provided:yesno
Type of Install: New Culvert Rep	placement Culvert Extension Culvert
ByApproved by Authorized Town Representative	 Date
Permit fee: \$50.00 Make check payable to: "To	own of Wausau"
Date Check Received Check	< #
Final Inspection by Town Authorized Representat	tive
Signature of Representative	Date:

Please return to the Town of Wausau Zoning Administrator along with the appropriate fee: Larry Vesely, Zoning Administrator, 231302 Shenandoah Ridge RD, Wausau, WI 54403, 715 574 9186

#### TOWN OF WAUSAU FENCE APPLICATION

Property owners in the Town of Wausau are required to complete the below application if erecting a fence that is not used for pasturing animals. Below are the requirements to erect a fence.

- 1. Fences, landscape walls, hedges, or shrubbery are permitted on the property lines to separate parcels but shall not, in any case, exceed a height of six (6) feet.
- 2. A fence shall not be constructed using barbed wire and shall not be electrified. (Note: This shall not apply to parcel boundaries between agricultural and residential parcels).
- 3. Fences, walls, hedges, or shrubbery shall not exceed a height of four (4) feet in any required street yard and shall not be closer than two (2) feet to any public right-of-way.
- 4. Acceptable materials for constructing fences, landscape walls, and decorative posts include wood, stone, brick, wrought iron, chain link, wire mesh, vinyl, plastic, and composite materials.
- 5. Temporary fencing, including the fences for the purpose of limiting snow drifting, protection of excavation and construction sites, the protection of plants during grading and construction and for use with plants during the growing season, is permitted during such temporary conditions.
- 6. Snow fences constructed of wood and wire, and/or plastic shall be permitted only as temporary fences and used on a seasonal basis only between November 1 and March 31.
- 7. All fences shall present the non-structured face outward.
- 8. All fences shall be maintained in a condition of reasonable repair and shall not be allowed to become and remain in a condition of disrepair or danger or constitute a nuisance, public or private. Any such fence which is, or has become, dangerous to the public safety, health or welfare is a public nuisance and shall be repaired, replaced, or removed.
- 9. Fencing in agricultural zoned areas must comply with Wis. Stats. Chapter 90.

First Name:	Last Name:
Address:	City, State, Zip
Email:	Phone:
Type of fence being erected:	Type of materials the fence is constructed:
Height of Fence:	Wil the fence be on the lot line? Yes No

Questions, call Larry Vesely at 715 574 9186.

Please return this form to Larry Vesely with a \$10 fee. Checks should be made payable to: Town of Wausau:

Larry Vesely Zoning Administrator 321302 Shenandoah Ridge Road Wausau WI 54403

# **TOWN OF WAUSAU FIREWORKS PERMIT**

Permit Issued to:		_ Date of Use:	
Phone Number:			
Display Location:			
Display Professional:	Time:	Quantity:	
In accordance with section 167.10 of the Wisconsi undersigned town chairman of the Town of Wausa possess U.N. 1. 4g (Class C) Common Consumer F date of this permit, and to display same on the date. This permit is issued in pursuant to s. 167.10 Wisconseller or the Town of Wausau shall be held liable for handling, storage, sale, or use of the fireworks or	au authorizes the a Fireworks within the te set forth above consin State statute for accident or inju	bove named individual to purchase State of Wisconsin on or after that the location set forth in the apes, and on the condition that neither occasioned during the transpor	se and he issue plication.
You are also to adhere to the following special con	ndition:		
Note: A copy of the permit shall be given to fire a the authorized use. The bond, or liability policy, if of the Town of Wausau Clerk's office.  Issued date:	required, and a co	•	
Signature of Town of Wausau Chairman:			

Please return to the Town of Wausau Clerk along with the appropriate fee:

Cynthia Worden Town of Wausau Clerk 236235 Forest Lawn RD Wausau, WI 54403 715 297 1157

## **TOWN OF WAUSAU**

## MOBILE SERVICE SUPPORT STRUCTURES AND FACILITIES PERMIT

1.	1. Name of Applicant:	
2.	2. Address of Business:	
3.	3. Name of Contact Person:P	Phone:
4.	4. Email address:	
5.	5. Location of the proposed mobile service facility:	
Ple	Please checkClass 1 CollocationClass 2 Collocation (only requires a zor	ning permit)
	Construction plan that describes the proposed modifications or new moderation and network components including antennas, transmitters, supplies, cabling, and related equipment to be placed on or around the modifications.	receivers, base stations, power
	If the structure is a new mobile service support structure, please provide applicant chose the proposed location and why the applicant did not chostatement from an individual who has responsibility over the placemen structure attesting that the collocation within the applicant's search ring service functionality, coverage, and capacity, is technically infeasible, or mobile service provider.	noose collocation, including a sworn t of the mobile service support g would not result in the same mobile

**Return to Town of Wausau Clerk with appropriate fee:** 

Cynthia Worden Town of Wausau Clerk 236235 Forest Lawn Rd Wausau, WI 54403 715 297 1157

# **TOWN OF WAUSAU MOVING PERMIT**

The	e firm moving the building shall provide the following information and a plan.		
	Name of Applicant:		
	Address of Applicant:		
	Phone Number of Applicant: Email address:		
	Type of building to be moved:		
	Address of building to be moved:		
	Provide a map and photographs showing the present location of the building to be moved.		
	What are the exterior dimensions of the building to be moved?		
	Provide a map showing the place to which it is intended to move the building.		
	What is the address of the new location?		
	Provide a plot plan showing where the building will be located on the new site.		
	Provide photographs of the new site where the building will be moved.		
	Provide exterior elevations of the existing building and accurate photographs of all sides and views of the build and in cases where it is proposed to alter the exterior of the building to be moved after it is moved.	ling,	
	Provide detailed plans and specifications showing any changes proposed to be made to the building after the r	nove.	
	Provide a detailed schedule for accomplishing the alterations.		
	Provide the start date and time of the move:		
	The expected date and time the move will be completed:		
	Provide a map showing the streets to be crossed and traversed in moving the building and the type and location where overhead wires and other utilities will need to be moved.	on	
	Please provide any other information required by the town board to protect the public health, safety and gene welfare:	ral —	
Sian	nature of Moving Company:Date:		
5'			

Please return to the Town of Wausau Zoning Administrator along with the appropriate fee: Larry Vesely, Zoning Administrator 231302 Shenandoah Ridge RD Wausau, WI 54403 715 574 9186

# **TOWN OF WAUSAU MOVING PERMIT**

The Moving Permit is granted to	on the date:	as a
result of meeting all the requirements of the Town of V	Vausau Code of Ordinance Sec. 14.111 Mo	oving
Permit.		
Chairman Approval:	Permit No:	

# TOWN OF WAUSAU OUTDOOR WOOD FURNACE PERMIT

(All items must be checked by the Zoning Administrator for permit to be approved)

Name	of resident:		
Addres	ss of residence:		
Phone	number:	Email address:	
Please	check all these requirements that have been m	net:	
	The unit is located with due consideration to the pre	evailing wind direction.	
	The outdoor furnace must be set back a minimum of	of 50 feet from any property line in tran	sitional and ag districts.
	If the furnace is abutting a premises in a residential setback greater than 200 feet distance from the pro		shall maintain a
	If located 50 feet or less to any residence not serve than the eave line of that residence.	d by the furnace, the stack must be at	least two feet higher
	If located more than 50 feet but no more than 100 femust be at least 75 percent of the height of the eave		
	If located more than 100 feet but no more than 150 must be at least 50 percent of the eave line of that it	•	ne furnace, the stack
	If located more than 150 feet but no more than 200 must be at least 25 percent of the eave line of that it		ne furnace, the stack
	All stacks or chimneys must be so constructed to w	ithstand high winds or other related el	ements.
☐ The outdoor furnace is installed in the rear or side yard of the lot on which the building being served by su outdoor furnaces.			ing served by such
	The outdoor furnace complies with any other county, state or federal guidelines for the same, but not limited to all emissions and air quality standards promulgated from time to time by the Environmental Protection Agency the Wisconsin DNR, and any other relevant state or federal agency.		
Signed	by the Town of Wausau Administrator	Date	
Larry V Zoning 231302 Wausa 715 574	Administrator Shenandoah Ridge RD u, WI 54403		
		OOR WOOD FURNACE PERMIT	
The Ou	utdoor Furnace Permit is granted to	at the foll	owing location:
		_ as a result of meeting all the req	uirements of the
Town	of Wausau Code of Ordinance Sec. 30.101. Outo	door Wood Furnace.	
Chairm	nan Approval:	Date:	Permit No:

# APPLICATION FOR AN OPERATOR LICENSE 202\_\_ - 202\_\_ LICENSING YEAR TOWN OF WAUSAU, MARATHON COUNTY, WISCONSIN

The undersigned, hereby makes application for an operator license from the date hereof until and including the 30th day of June 202 , subject to all the provisions of the Wisconsin Statute (Section 125.17) and attests to the following: 1. I am years of age and certify that I am a citizen of the United States. 2. Have you ever been convicted of any felony or misdemeanor for violation of any Federal law, any Wisconsin law and laws of any other states or ordinances of any municipality? No ( ) Yes ( ) if answer is yes, please complete the following: Date: Name of Court Pending Charges Have you ever been convicted on any violation of any law or ordinance regulating the sale of intoxicating liquors or beverages? No ( ) Yes ( ) 3. I have completed a responsible server training course within the last two years for which I am submitting proof of said training, OR 4. I have, within the last two years held a manager's retail or operator license, for which I am submitting proof. Issuing authority \_\_\_\_\_\_, expires \_\_\_\_\_. 5. I am applying for this license to work at Enclosed is a check for \$15.00 made payable to Town of Wausau Name (Print)\_\_\_\_\_\_ Date\_\_\_\_\_ Address\_\_\_\_\_\_ Driver License # \_\_\_\_\_ Phone Number\_\_\_\_\_Email Address\_\_\_\_ Please return completed form, required information, and fee to: Town of Wausau Clerk 236235 Forest Lawn Rd.

Wausau, WI. 54403

## TOWN OF WAUSAU APPLICATION FOR SPECIAL EVENT PERMIT

Name of Person Applying:	Business Name:
Business Address:	
Contact Phone Number:	Contact E-Mail Address:
Date(s) of Event:	Time of Special Event:
Please Specify	
1. Location on Premises:	
2. What is the property zoned (please check	c)? ResidentialTrans AgAgriculturalCommercial
3. Live Band/DJ/Other Entertainment: Yes	No If yes, what type of entertainment:
4. Parking Arrangements:	
5. Type of lighting being provided for the se	ecurity and protection of the attendees:
6. Fenced area, if necessary, for safety and	security: Yes, No 7. Type of insurance secured
8. Are there adequate bathroom facilities or	n the property to accommodate the number of people in attendance?
Yes No If no, what is being done to	o accommodate for more people?
9. Restoration plan after the event conclude	es:
10. Will alcohol be served: Yes, No 11.	Is there a charge for admission: Yes No
13. Will there be anything for sale at the eve	ent? Yes No If yes, what?
Explanation of Event:	

#### **APPLICANTS PLEASE:**

- Submit a sketch of any outside setup with this application.
- The Special Event application must be completed and returned to the Town Clerk at least (14) fourteen days prior to a scheduled Town Board monthly meeting.
- No event advertisement is permitted until Town Board approval is obtained.
- Applicant must be present at the Town Board Meeting to answer event questions.
- A minimum fee of \$50 is due at the time of the permit application.
- All Town Board meetings begin at 7:00 p.m. the first Monday of the month.

Return to the Town of Wausau Clerk along with the appropriate fee: Cindy Worden, Town Clerk, 236235 Forest Lawn RD, Wausau WI 54403 715 297 1197

# **Town of Wausau**

# **SPECIAL EVENT PERMIT**

Issued To:	
Location of Eve	ent:
For This Date:	_
For This Time:	
Chairman Appr	oval:
Permit No:	(Display in Front Window/Door)

#### TOWN OF WAUSAU POND PERMIT REQUIREMENTS

- 1. Ponds are permitted in all zoning district.
- 2. Ponds over one (1) acre shall require a public hearing under the procedures set forth in Section 17.96(2) prior to the Town Board determination.
- 3. A pond permit must be completed and approved by the Town Board before a zoning permit can be approved.
- 4. A zoning permit from the town is required prior to construction of any pond.
- 5. Notwithstanding the above section, this Chapter does not apply to the following:
- a. Animal waste storage facility/manure storage pits that are located wholly in an agricultural district provided in the pond is:
  - (1) A minimum of three hundred (300) feet from any existing residential area; and
  - (2) Outside the sewer service area.
- b. Retention ponds being constructed as part of an approved Storm Water Management System as long as they are designed and constructed in accordance to the set standards of Marathon County, EPA and DNR.
- 6. Ponds shall maintain a slope from the shoreline no greater than four (4) three (3) horizontal to one (1) foot vertical lowest level due either to seasonally fluctuating ground water levels, runoff or pumping for irrigation.
- 7. Ponds shall be located at least thirty (30) feet from any property boundary, fifty (50) feet from any septic system drain field area and twenty-five (25) feet from a septic or holding tank.
- 8. All ponds shall have a water inflow and outflow system to maintain the normal water surface elevation.
- 9. Ponds inflows shall be estimated by a professional engineer, professional hydrologist or professional geologist and the size of the outflow system shall be designed by a professional engineer to be capable of removing one-(1) inch of water from the surface of the entire pond every twelve (12) hours or less without causing adverse-impacts downstream of the pond
- 10. Ponds shall be designed and constructed to hold all water they receive from the one hundred (100)-year rainfall event, with two (2) feet of freeboard.
- 11. Ponds shall bear the seal of the professional hydrologist, professional geologist and professional engineer with their respective responsibilities identified on the plans.
- 12. Outflows shall not flow directly onto adjacent parcels of property.
- 13. Outflow discharge may cross adjacent parcels through a natural existing waterway only but in no way shall this discharge create a new waterway or a nuisance.
- 14. Ponds shall be designed and maintained to protect the shoreline and banks from erosion and seepage. This protection shall be provided using existing clay soils, clay blanket, compaction, waterproof liners, stones, rocks, native vegetation, turf reinforcement mat, geoweb, landscaping bricks or other acceptable method.
- 15. Spoils from excavation shall not be placed in any wetland.
- 16. The groundwater table in the surrounding area and adjacent to the pond or lake shall not be affected
- 17. The area within twenty (20) horizontal feet of the normal water surface elevation of the pond shall be landscaped and seeded with a perennial ground cover immediately upon completion of the excavation.
- 18. Ponds shall meet all local, state, and federal regulations.
- 19. Introduction of fish, game or plant life shall meet all local, state and federal regulations.
- 20. The town board reserves the right to inspect before and during construction as well as after the pond has reached its normal water surface elevation.
- 21. Ponds with one acre of more total disturbed area require a Marathon County non-metallic mining reclamation permit.
- 22. Ponds which include a berm, dam or dike six (6) feet high or greater must be designed and reviewed by a professional engineer who is also competent as a dam or geotechnical engineer to ensure structural integrity when the pond is full to the top of the berm, dam or dike. In addition, an analysis by a professional engineer or hydrologist shall document that no damage to downstream structures shall occur in the event of a breach when the pond is full to the top of the berm, dam or dike.
- 23. No pond shall exceed five percent (5%) of the total lot area or two (2) acres in an area whichever is less.
- 24. Material excavated in creating any such pond must be removed from the site to the extent that such material is not to be used for onsite improvements and any such material may be disposed of either commercially or otherwise. No pond excavation shall commence until a legal disposal location of all material to be excavated is identified.

- 25. Pond construction and material removed must be completed within six (6) months after the pond permit is issued.
- 26. The volume of water pumped from any pond located in a residential district or immediately adjacent to a subdivision shall be limited to the amount that will be replaced by ground water flow within twenty-four (24) hours of when pumping ends.
- 27. Water may not be diverted in any manner that causes it to concentrate or pool on another property owner's parcel of land.

## TOWN OF WAUSAU POND APPLICATION

The Town of Wausau application must be filled out completely before the application will be accepted and submitted to the Zoning Administrator with the following information:

1. Names of applicant:
2. Addresses of the applicant, agent or owner of the site, architect, professional engineer, professional hydrologist, professional geologist as required, and contractor:
3. Phone number: Email:
4. Legal description of the site:
5. Existing structures on the site:
6. Existing and proposed easements, streets, and other public ways:
7. Current uses of any abutting lands and their structures within 30 feet of the subject site:
8. The location of any well(s) near the pond:
9. The location of any drain field(s) 50 feet from the pond and/or septic system(s) within 25 feet of the pond:
10. The zoning district within which the subject parcel lies:
11. Proposed regrading and revegetation of site after excavation:
12. Types and location of buildings to be erected on site:
13. Approximate total amount of earth material to be excavated:
14. Plan for removing materials and identify source for all material to be excavated:
15. Pond outflow to maintain normal surface water level:
16 Habitat that will be planted in the pond:

- 17. Provide a DNR wetland map on the delineation of the wetlands.
- 18. Secure any federal, state, and county permits when and where required if a non-metallic mining reclamation permit is required.

19. Width, depth, and size of the pond:				
20. Spoil from any excavation is to be disposed of a (give legal description):				
21. Provide a map showing the depth of the area of the proposed excavation site.				
22. Provide 10 copies of the Pond and Landscape Plan.				
23. Provide a timetable of the construction project.				
24. Return to the Town of Wausau Zoning Administrator with the appropriate fee: Larry Vesely Zoning Administrator 231302 Shenandoah Ridge RD Wausau, WI 54403 715 574 9186				
I declare that the information I am supplying is true and accurate to the best of my knowledge, and I acknowledge that this information will be relied upon for the issuance a pond permit. By signing this application, I am granting permission to the Town of Wausau to enter my property at any reasonable time for the purpose of inspecting to assure compliance with the zoning laws relative to the issue of this permit.				
Applicant Signature:Date:				
Property Owner Signature if not applicant: Date:				
Application approved and pond permit issued by the Town of Wausau Board on				
Signature of the Town of Wausau Clerk				
Town of Wausau Pond Permit				
Issued To:				
Date:				
For This Time Period:				
Chairman Signature:				
Permit No: (Display on premises)				

# **Town of Wausau Snowplow Disclaimer Form**

I	do here by request the Town of Wausau to plow snow on my
property at: Street address	
And I will not hold the Town of Wausau liable for any snow.	y damages to lawns, culverts, flower boxes, etc. while plowing
Signature	Phone Number:
Date	_

Please return to the Town of Wausau Clerk:

Cynthia Worden Town of Wausau Clerk 236235 Forest Lawn Rd Wausau, WI 54403 715 297 1157

# TOWN OF WAUSAU PERMIT TO CONSTRUCT, MAINTAIN OR REPAIR UTILTIES WITHIN THE HIGHWYAY RIGHT OF WAY

Name:			
Address:			
Office Phone	Cell Phone		
Location of Utility Work:			
Type of Utility Installation			
Plans Prepared by			
Utility Location: Cross roadway Parallo	el to C/L of Road Overhead		
Proposed Method of Installation: Tunnel  Open cut Suspend on towers Suspend on towers			
Estimated starting date Esting	Estimated starting date Estimated Restoration date		
	sau Utility Ordinance in affect at the time of the ted below or attached hereto, and any and all plans,		
Ву	Title		
Signature of Authorized Representative	Date		
	and permit issued by the Permitting Authority subject visions and conditions stated in the Town of Wausau		
Other Special Provisions:			
By Signature of Authorized Town Representative	Title		
Signature of Authorized Town Representative	Date		
<ul> <li>Off Pavement Permit Fee \$25.00</li> <li>Inspection Permit Fee: \$50.00</li> </ul>			

Please complete and return to the Town Clerk with the appropriate fee. Cindy Worden, Town Clerk, 236235 Forest Lawn RD, Wausau WI 54403 715 297 1157

Open Payment (Per cut/opening fee): \$250.00

# **TOWN OF WAUSAU VARIANCE APPLICATION**

## **Board of Adjustment Appeal**

Property Owner:					
Address:					
City, State, Zip:					
Telephone:	Home:	Business:	Cell:		
Email:					
Contact Person:					
Telephone:	Home:	Business:	Cell:		
Tax Key Number:					
Zoning District:	R1/20AT	1/40A 1/80CM 1	_Multi Family		
Nature and disposition	of any prior petitior	n for appeal, variance, or condit	ional use		
Description of all nonco	nforming structure	s and use on the property:			
Terms of Ordinance (re	quirements and Se	ection #)			
Variance Requested:					
Address the variance criteria described in the application materials (attach additional pages.  Unnecessary hardship is because					
Compliance with the terms of the ordinance is prevented by unique features of the property					
A variance will not be contrary to the public interest because					
Attach construction plans detailing					
Property LinesVegetation removal proposed					
Ordinary high water markWell and sanitary system					
Floodplain and wetland boundariesUtilities, roadways and easements					
Location and extent of filling/gradingLocation and type of erosion control measures					
Dimensions and lo	cations of existing	and proposed structure			
Any other construction related to your request					

Please list below the property owner names, addresses, and Tax Key numbers for all properties that lie within 300 feet of the boundary of the parcel where the conditional use permit is requested. Use of Marathon County GIS System will help with parcels in area and owner names.

Property Owner Name	Address	Tax Key Number

Please attach a map showing location of each property

#### **AFFIDAVIT**

I (We), being first duly sworn, attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Town of Wausau, Marathon County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and other documents and material, are honest and true to the best of my (our) knowledge.

Further, I (we) as Owner(s) of the subject property authorize and direct the Authorized agent(s) identified above to act as my (our) representative (s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf.

Further, I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be complete and accurate, as determined by the Zoning Administrator for the Town of Wausau before a hearing on this matter can be scheduled.

Name of Property Owner	_
Signature of Property Owner	_
The foregoing instrument was sworn to and acknowledged before me this	day of,
Notary signature Commission Expires	

Return to the Town of Wausau Zoning Administrator with the appropriate fee:

Please return all pages along with a map of the area to: Town of Wausau Zoning Administrator

Larry Vesely Zoning Administrator 231302 Shenandoah Ridge RD Wausau, WI 54403 715 574 9186

# TOWN OF WAUSAU WEIGHT (SEASONAL) LIMIT PERMIT

Name of requestor:	
Name of company or person doing the hauli	ng:
Address of hauler:	
Phone number:	Email address:
Dates of travel:	
What is being hauled:	
Number of loads:	Weight of load as distributed by axle:
Route (from beginning to destination):	
	ime-daylight hours, travel in middle of road, etc.):
Signature of Requestor	Date
Printed Name of Requestor	
Approved by	Date dividual or Town Chair
Please return to the Town of Wausau Chairman.	

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# **TOWN OF WAUSAU WRECKING PERMIT**

Applicant Name:		
Address of property where the wrecking,	razing, or demolition of a building	g or structure will occur:
Phone Number:	Email Address:	
Date demolition will occur:	Time period o	f demolition:
		cation are true and correct, that I have read nted a permit, I will comply with all terms and
	ng but not limited to such utilities ding or structure of the work to be	as water, electricity, gas and sewer, having e done.
☐ All connections such as meters a	nd regulators have been removed	or sealed and plugged in a safe manner.
I have provided proof of liability the town board.	insurance that is in effect in those	e amounts as from time to time determined by
I will barricade or take safeguard erected at the worksite to promo		d/or Building Inspector shall direct must be
	and welfare of the public. All rubboosal facility or will otherwise allow	or construction site promptly so as to ble and rubbish shall be hauled to a site that is the deposit of such materials under all Sate
Signed by the Applicant:		Date:
Signed by Authorized Town Repr	esentative:	Date:

## PLEASE RETURN TO THE TOWN OF WAUSAU ZONING ADMINISTRATOR:

Larry Vesely Zoning Administrator 231302 Shenandoah Ridge RD Wausau, WI 54403 715 574 9186

# TOWN OF WAUSAU REZONE REQUEST APPLICATION

Please complete all information requested on this document for the purpose of obtaining a rezoning of property. Submittal is required 25 days prior to the scheduling of a hearing before Town Planning Commission. See Town of Wausau Application and Permit Fees for required fee. Following a public hearing the Town Planning Commission will make a recommendation to approve/deny to the Town Board. Final approval/denial will be made by the Town Board. All zoning changes must also be approved by Marathon County Conservation, Planning, and Zoning.

Property Owner

Troperty Owner					
Name		Compa	ny Name		
Address					
				Zip	
Phone		Email			·
Applicant/Agent represen	nting owner				
Name					
Address					
City			State	Zip	
Phone		Email			
Property Location or Legal	Description				
Tax Key Number					
Current Zoning of Parcel_			Zoning Change Re	equested	
Parcel Size	or	Acres			
REZONING IS REQUESTED	PURPOSE OF:				

Please list below the property owner names, addresses, and Tax Key numbers for all properties that lie within 300 feet of the boundary of the parcel where the conditional use permit is requested. Use of Marathon County GIS System will help with parcels in area and owner names.

Property Owner Name	Address	Tax Key Number
Please attach a map showing locat	ion of each property	

#### **AFFIDAVIT**

I (We), being first duly sworn, attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Town of Wausau, Marathon County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and other documents and material, are honest and true to the best of my (our) knowledge.

Further, I (we) as Owner(s) of the subject property authorize and direct the Authorized agent(s) identified above to act as my (our) representative (s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf.

Further, I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be complete and accurate, as determined by the Zoning Administrator for the Town of Wausau before a hearing on this matter can be scheduled.

Name of Owner(s)			
Signature of Owner(s)			
Name of Agent(s)			
The foregoing instrument was sworn to and acknowledged before me this		day of	
Notary signature	_ Commission Expires	_	

Please return all pages along with a map of the area to:

**Larry Vesely Zoning Administrator** 231302 Shenandoah Ridge RD **Wausau, WI 54403** 715 574 918

# **TOWN OF WAUSAU ZONING PERMIT APPLICATION**

Property Owner:				
Address:				
City, State, Zip:				
Telephone:	Home:	Business:	Cell:	
Email:				
Applicant Name:				
Address:				
City, State, Zip:				
Telephone:	Home:	Business:	Cell:	
Email:				
Contact Person:				
Telephone:	Home:	Business:	Cell:	
Tax Key Number:				
Zoning District:	R1/20AT 1/40A	A 1/80CM 1Multi Fa	amily	
Type of building being erected:				
Sanitary Permit Provide	ed by the County: Yes	_ No Not requ	uired	
Provide a description of	f the subject site, existing an	d proposed structures:		
Provide State approved	I plans with locations of off-s	treet parking if necessary.		
Provide a description of	f the use of any abutting land	ds and their structures within 6	0 feet of the subject site.	
Provide a description o	r drawing of the location of a	ny well(s) and/or septic syster	n(s)	
Provide a detailed land	scaping plan			
Fee for address sign: _	Fee for	zoning application:	Total Fee	
Signed by the Applicant	<u>t</u>		Date:	_
Signed by Authorized T	own Representative:		Date:	

Return to the Town of Wausau Zoning Administrator along with the appropriate fee: Larry Vesely, Zoning Administrator 231302 Shenandoah Ridge RD Wausau, WI 54403 715 574 9186