

CLARK COUNTY DEPARTMENT OF PLANNING, ZONING & LAND INFORMATION

517 Court Street, Room 204

Neillsville, WI 54456

(715) 743-5130 Fax (715) 743-5154

Email planningandzoning@co.clark.wi.us ; Web www.co.clark.wi.us

RURAL ADDRESS/EMERGENCY RESPONSE NUMBER APPLICATION

Property Owner _____	Renter/Lease/Agent _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____

1. Application (Fees): New Address (Includes Sign and Sign Post) \$ 75.00
 Replacement Sign \$ AT COST
 Replacement Sign Post \$ 7.00

Make check payable to: *Clark County Planning and Zoning* Total Due \$ _____

2. Property Description: _____ 1/4 _____ 1/4, Section _____, T. _____, R. _____ E or W

Tax Parcel # _____ Township _____

3. Property Location: Located on Road Name _____
Driveway Exits Onto Road Name _____

4. Select All That Apply: New Number New Residence Replacement Post Additional Structure

5. Use Type: House Mobile Home Camper Garage/Shed/Shop Other _____

6. Zone Classification: Shoreland/Wetland Floodplain Non Metallic Mining Other _____

7. Other Required Permits: POWTS Town Building Town Driveway Highway Driveway
 DNR/Wetland PERMIT County Land Use

APPLICATION PROVISIONS

This application is not to be construed as establishing legal responsibility for any construction of driveways, buildings, or site work. This permit does not exempt applicant from any required federal, state, or local approvals. Contact the Clark County Planning, Zoning and Land Information Office and Township for additional permitting requirements.

You are responsible for complying with county, state and federal laws concerning construction near or in floodplains, 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 contact the Clark County Planning, Zoning and Land Information Office and the Wisconsin Department of Natural Resources.

The undersigned agrees to the provisions of this address application and also allows Planning, Zoning Land Information Department personnel the right to inspect the described property.

Date

Signature of Property Owner

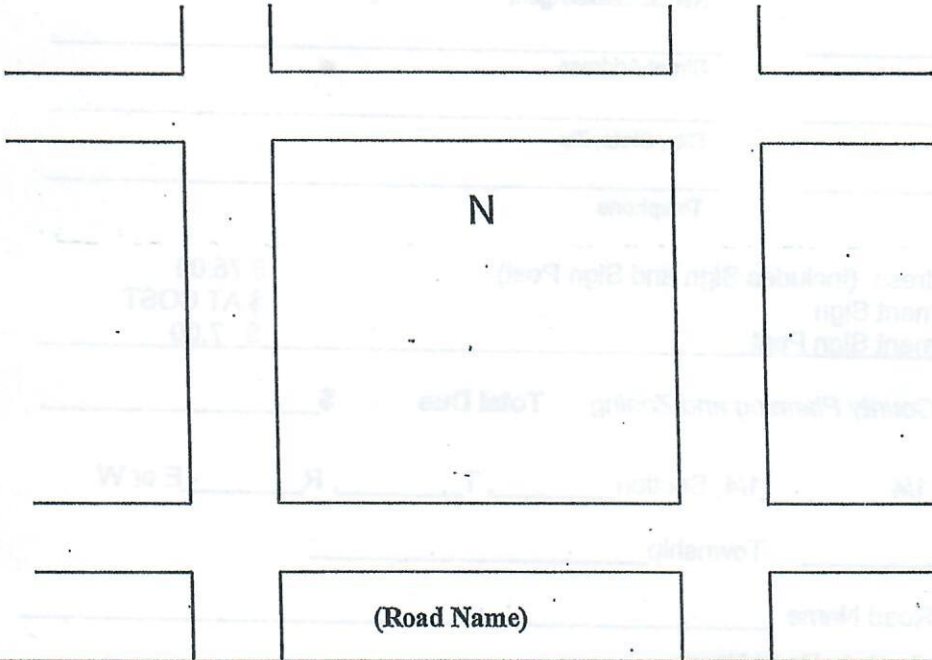
IS DRIVEWAY CLEARLY MARKED? Yes ____, IF NOT, MARK WITH STAKE OR FLAGGING.

On which side of the road is your address request located? North South East West

My building/driveway is located _____ feet North/South/East /West (circle one) from the nearest address sign.

My building/driveway is located _____ feet North/South/East /West (circle one) from the intersection of _____ road/avenue and _____ road/avenue or _____ feet from a "40" corner.

PLEASE COMPLETE MAP AND IDENTIFY LOCATION OF NEW DRIVEWAY



Department Use Only

Project Site Review

- Land Division existing parcel new parcel CSM criteria checked
- POWTS installed permitted permitted not installed _____
- Driveway existing new proposed driveway approval required
- Floodplain mapped on parcel mapped within project site None
- Shoreland parcel project site None
- Shoreland Setbacks NA OHWM side yard Road
- Wetland mapped on parcel mapped within project site None
- NMM parcel project site adjoining parcel None
- Animal Waste Storage parcel project site adjoining parcel None
- Disturbing > 1 acre Yes No N/A
- Address Number Issued: _____ Date Issued: _____ Date Measured: _____

Street Address _____ City _____ Zip _____

Post Office: _____ Emergency Service Provider: _____ ESN: _____

Entered in GIS / Database Mapped Post Office Emergency Services Township

Fee Received: _____ Receipt #: _____ Sign Ordered _____

Remarks _____