



## Land Use Application

**Office Use Only**

Date Received:	Zoning District:	Parcel #:
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**Site Information**

Property Address:	Present Land Use:
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**Applicant Information**

Name:	Phone:	Email:
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Address:		
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Applicant is:	Owner	Authorized representative/other	(describe):
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Owner information (if different than Applicant)			
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Name:	Phone:	Email:
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Address:		
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**Details of Request (attach additional pages, if needed)**

Narrative of proposed work:	
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Proposed start date:	Proposed end date:
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*Fees:* There is no fee for a Land Use Permit.

The undersigned's signature below indicates the information contained in this application and accompanying site plan or materials is true and correct. The undersigned acknowledges the work will be in conformance with ordinances & codes of the City of Marshfield and Wisconsin Statutes and Building Codes; that this form is not a permit but only an application for a Land Use permit, and that work is not to start without the proper permit(s) and approval(s); and that work will be in accordance with the approved plans reviewed with this application. The City of Marshfield and its employees are to be held harmless from and against any and all liabilities, losses, claims, suits, judgments, damages, costs and expenses including reasonable attorney's fees and costs, for injury, death or damages to persons, personal property or improvements on real property that the City or its employees may hereafter suffer in connection with or arising from negligent acts or omissions by applicant or applicant's subcontractors associated with the aforementioned activity. The undersigned authorizes City Staff, or representatives of the City, to visit and inspect the site location listed on this application.

Applicant Signature:

Date: