## **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. <b>Application (Fees):</b> □ New Address (Includes S □ Replacement Sign □ Replacement Sign Post	,	\$ 75.00 \$ AT COST \$ 7.00
Make check payable to: Clark County Planning a	and Zoning Total Due	\$
2. <b>Property Description:</b> 1/41/4,	Section, T,	RE or W
Tax Parcel # Tow	nship	_
3. Property Location: Located on Road Name		
Driveway Exits Onto Road Na	me	
4. <b>Select All That Apply:</b> □ New Number □ New F	Residence    Replacement Pos	st □ Additional Structure
5. <b>Use Type</b> : □ House □ Mobile Home □ Campe	er □ Garage/Shed/Shop □ 0	Other
6. <b>Zone Classification:</b> □ Shoreland/Wetland □ Fl	oodplain    Non Metallic Mini	ing □ Other
7. <b>Other Required Permits</b> : ☐ POWTS ☐ Town Building ☐ Town Driveway ☐ Highway Driveway ☐ DNR/Wetland PERMIT ☐ County Land Use		
APPLICATION PROVISIONS This application is not to be construed as establish driveways, buildings, or site work. This permit does state, or local approvals. Contact the Clark County Township for additional permitting requirements.	s not exempt applicant from	any required federal,
You are responsible for complying with county, stain floodplains, wetlands, lakes, and streams. Wet be difficult to identify. Failure to comply may resultiolates the law or other penalties or costs. For me Zoning and Land Information Office and the Wisco	lands that are not associated in removal or modification of ore information contact the Cl	I with open water can f construction that lark County Planning,
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 <u>CLEA</u>	RLY MARKED? Yes, IF NOT, MARK WITH STAKE OR FLAGGING.
On which side of the roa	ad is your address request located? □North □South □East □West
My building/driveway i	s locatedfeet North/South/East /West (circle one) from the nearest address sign.
My building/driveway i	s locatedfeet North/South/East /West (circle one) from the intersection of
road/av	venue and road/avenue or feet from a "40" corner.
PLEASE C	OMPLETE MAP AND IDENTIFY LOCATION OF NEW DRIVEWAY
<u>r mansa o</u>	
	N. C.
	IN
	(Road Name)
Project Site Review	Department Use Only
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
	l: Date Issued: Date Measured:
Address Humber Issued	Date issued
Street Address	City
Post Office:	Emergency Service Provider: ESN:
☐ Entered In GIS / Datai	pase ☐ Mapped ☐ Post Office ☐ Emergency Services ☐ Township
Fee Received:	Receipt #:
Remarks	