



LAND USE PERMIT APPLICATION

File #: _____

Office Use Only
Revised 1/2026

APPLICANT INFORMATION

Property Owner: _____

Contractor/Agent: _____

Mailing Address: _____

Mailing Address: _____

Daytime Phone: _____

Daytime Phone: _____

Cell: _____

Cell: _____

E-mail: _____

E-mail: _____

SITE INFORMATION

Site Address: _____

Property Location: _____, Town of _____

Parcel #: _____ - _____ - _____ - _____

LAND USE INFORMATION

Zoning District (*Check one*): AG-1 AG-2 R-1 R-2 R-3 C-1 C-2 C-3 I-1 I-2

Overlay District (*Check all that apply*): SHORELAND RIVERWAY FLOODPLAIN

Type of Land Use Permit Request (*Check one*): **Please refer to the current fee schedule on our website.**

<input type="checkbox"/> Lower St. Croix Riverway District	<input type="checkbox"/> Wireless Communication Tower (Co-location)
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Temporary Occupancy (Camper Permit)
<input type="checkbox"/> Nonmetallic Mining Operation	<input type="checkbox"/> Manure Storage Facility
<input type="checkbox"/> Floodplain	<input type="checkbox"/> Livestock Facility
<input type="checkbox"/> General Zoning	
<input type="checkbox"/> Other: _____	

State the nature of your request: _____

_____ Zoning Ordinance Reference _____

SIGNATURE

I attest that the information contained in this application is true and correct to the best of my knowledge.

Property Owner/Agent Signature: _____ Date _____

OFFICE USE ONLY

Complete Application Accepted: ____/____/____ By: _____

Fee Received: ____/____/____ \$ _____ Receipt #: _____

GENERAL APPLICATION REQUIREMENTS

715-386-4680

cdd@sccwi.gov

St. Croix County Government Center

1101 Carmichael Road, Hudson, WI 54016

www.sccw.gov

APPLICATION:

The applicant shall provide one copy of the entire application packet including all supporting information, maps & diagrams, and fee (*nonrefundable*) before the application can be considered complete. A complete site plan shall include:

- Property boundaries
- Structure setbacks (road, side yard, OHWM, Bluffline, septic, etc)
- Location of structures (dwelling, accessory structure(s), driveway, parking area, etc.)
- Sanitary system (septic tank, drainfield)
- Well
- Natural features (water courses, wetlands, floodplains, blufflines, slope preservation zones, etc.)
- Erosion and sediment control methods
- Limits of any proposed filling and/or grading
- Impervious surface calculation, if applicable

REVIEW:

The Zoning Administrator will review the application for completeness and may require additional information. Upon receiving a complete application and supporting documents, the Zoning Administrator will:

- Review the application against applicable ordinances and prepare findings for approval or denial of the permit within 60 days. Upon approval, the permit will be mailed to the applicant or applicant's agent.
- Conduct a site visit to the applicant's property, at which time the applicant shall flag all applicable property/project corners and label the flags accordingly.

If approved, the land use permit will be valid for two years from the date of the permit issuance. All applicants shall also check with their local town to see if any other permits are required before starting their project.

NOTE: All maps, plans, and engineering data shall be no larger than 11x17. No covers, binders, or envelopes. Staple or paperclip your application in the upper left-hand corner.