

# TREE CUTTING PERMIT

TOWN OF LAC DU FLAMBEAU  
BOX 68, LAC DU FLAMBEAU, WI 54538  
PHONE 715-588-3358 FAX 715-588-7923

The undersigned owner here applies for a permit as herein described to be located on this property described on this application. Upon approval the owner agrees that all structures and work performed on this property will conform to or exceed the minimum requirements in the Lac du Flambeau Comprehensive Zoning Ordinance 93-4 and all other applicable local ordinances in addition to all other codes and laws of the State of Wisconsin. Upon approval of this application the owner agrees that should a violation be found by the Zoning Administrator, said violation from the date of notification will, within 30 days or less, be corrected at the owner's expense; otherwise each day thereafter shall constitute a separate offense. The Zoning Administrator or Zoning Committee shall have access to the premises or property and exercise duties at reasonable hours.

DATE: \_\_\_\_\_ COMPUTER NUMBER: \_\_\_\_\_

OWNER'S NAME: (print) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENT/CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

AGENT/CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

WATERBODY: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

ACRES: \_\_\_\_\_ PARCEL & FRONTAGE DIMENSIONS: \_\_\_\_\_

GOV'T LOT: \_\_\_\_\_; \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 SECTION \_\_\_\_\_ TOWN \_\_\_\_\_ N RANGE \_\_\_\_\_ E

\* OBJECTIVE OF TREE CUTTING: \_\_\_\_\_

\* METHOD OF TREE CUTTING AND REMOVAL FROM PROPERTY: \_\_\_\_\_

\* PROXIMITY TO AND AFFECT ON NEIGHBORING PROPERTIES: \_\_\_\_\_

\* PROXIMITY OF TREES TO ORDINARY HIGH WATER MARK: \_\_\_\_\_

\* DESCRIBE THE NUMBER, SIZE AND SPECIES OF TREES/CLEARING TO BE DONE: \_\_\_\_\_

\* APPROX. DATES WORK IS TO BEGIN: \_\_\_\_\_

\* STEPS TO CONTROL EROSION: \_\_\_\_\_

\* % OF REMAINING BASAL AREA: (required for all public hearings) \_\_\_\_\_ %

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SHOW PROPERTY DIMENSIONS AND SITE PLAN ON REVERSE SIDE OR ATTACH CUTTING PLAN**

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

PERMIT FEE: \$35.00 \_\_\_\_\_ PERMIT # \_\_\_\_\_

DATE: \_\_\_\_\_ APPROVED/DENIED

ZONING ADMINISTRATOR

REMARKS: \_\_\_\_\_

OTHER COUNTY (715-479-3620) AND/OR STATE PERMITS MAY BE REQUIRED

UNDER PENALTY OF LAW, NO WORK IS TO BEGIN WITHOUT PERMIT APPROVAL AND A PERMIT CARD POSTED AT ENTRANCE TO PROPERTY; THIS INCLUDES NO MOVEMENT OF EARTH. YOU MAY APPEAL A DECISION OF THE ZONING ADMINISTRATOR OR THE ZONING COMMITTEE WITHIN 30 DAYS TO THE BOARD OF APPEALS.

**-IMPORTANT PLEASE READ THIS-  
SITE PLAN – REQUIRED INFORMATION**

Building setback on Federal, State and County Highways regulated by the County Zoning Administrator. Building setback on Town roads are regulated by the Town Board. Attach or draw a sketch showing the location of all of the following:

**BUILDINGS/STRUCTURES, SEPTIC SYSTEM, WATER WELL, ROADS, WATERWAYS, LOT LINES, LOT DIMENSIONS, DRIVEWAY,** the dimensions of each and the setbacks in feet from each of the aforementioned. Indicate NORTH.

I, (print)\_\_\_\_\_, hereby certify that all of the information, measurements and drawings contained in this permit application are true and correct, and that no additions, subtractions or changes therefrom shall occur without the express written approval of the local zoning authority and/or the county zoning authority. Furthermore, all individuals involved in the planning, building or any installations are knowledgeable of all of the information contained herein, and I will personally inform all individuals involved to insure that all information contained herein is known to them and must be followed exactly without deviation therefrom.

Signed \_\_\_\_\_ Date \_\_\_\_\_