

Parcel ID # _____

PERMIT # _____

ONEIDA COUNTY TOURIST ROOMING HOUSE Administrative Review Application

Office use only: Photos to be scanned? Yes No
File name: _____

Oneida County Planning & Zoning Department
P.O. Box 400
Rhinelander, WI 54501



Oneida County Planning & Zoning Department
Minocqua Branch Office
P.O. Box 624
Minocqua, WI 54548

Black ink only

1. Property owner's last name: _____ First: _____
2. Mailing address: _____ City: _____ State: _____ Zip: _____
3. Telephone number (_____) _____ Email: _____
4. Applicant's last name: _____ First: _____
5. Mailing address: _____ City: _____ State: _____ Zip: _____
6. Telephone number (_____) _____ Email: _____

7. Legal Description (1/4 1/4 , Gov't Lot, CSM, Subdivision & Lot # or Condominium) _____
8. Section: _____ Town: _____ Range: _____ Town of: _____
9. Site Address: _____

10. Sanitary permit # _____ OR Sanitary district connection
11. Number of bedrooms: _____
12. Proposed number of guests: _____
13. Use: Year round Seasonal
14. Water supply: Private Municipal Other: _____
15. Trash & garbage removal. Provide the name of the licensed garbage hauler or private party responsible for weekly trash removal here: _____
16. Driveway access: Private Shared
17. Number of parking spaces provided: _____
Parking requirements: 1.1 spaces/bedroom (round up), each space being 220 sq. ft. in area. Be sure to illustrate the number of qualifying parking spaces available on page two of this application.

OFFICE USE ONLY			
Zoning district: _____	Is the property located in a floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Map #: _____	FIRM dated: _____
Remarks and/or conditions of issuance:			
This application has been reviewed pursuant to ordinance dated: _____			
Fee: \$250.00		Receipt #: _____	
Granted by: _____		Issued date: _____	
Zoning Director's signature (staff initials)		Expiration date: _____	

Approved by Planning & Development Committee 12/14/22

PLOT PLAN (site as viewed from above)

Provide a drawing showing the boundaries of the property, the location of all existing structures, driveway and the parking area with the number of vehicles.

Your drawing shall also include location of the following, check those that apply:

- garbage bins/dumpsters
- parking area with number of vehicles
- fencing or screening
- equipment storage area
- septic tank
- drainfield

A survey map or accurate drawing of the property may be used and attached provided the above information is completed.

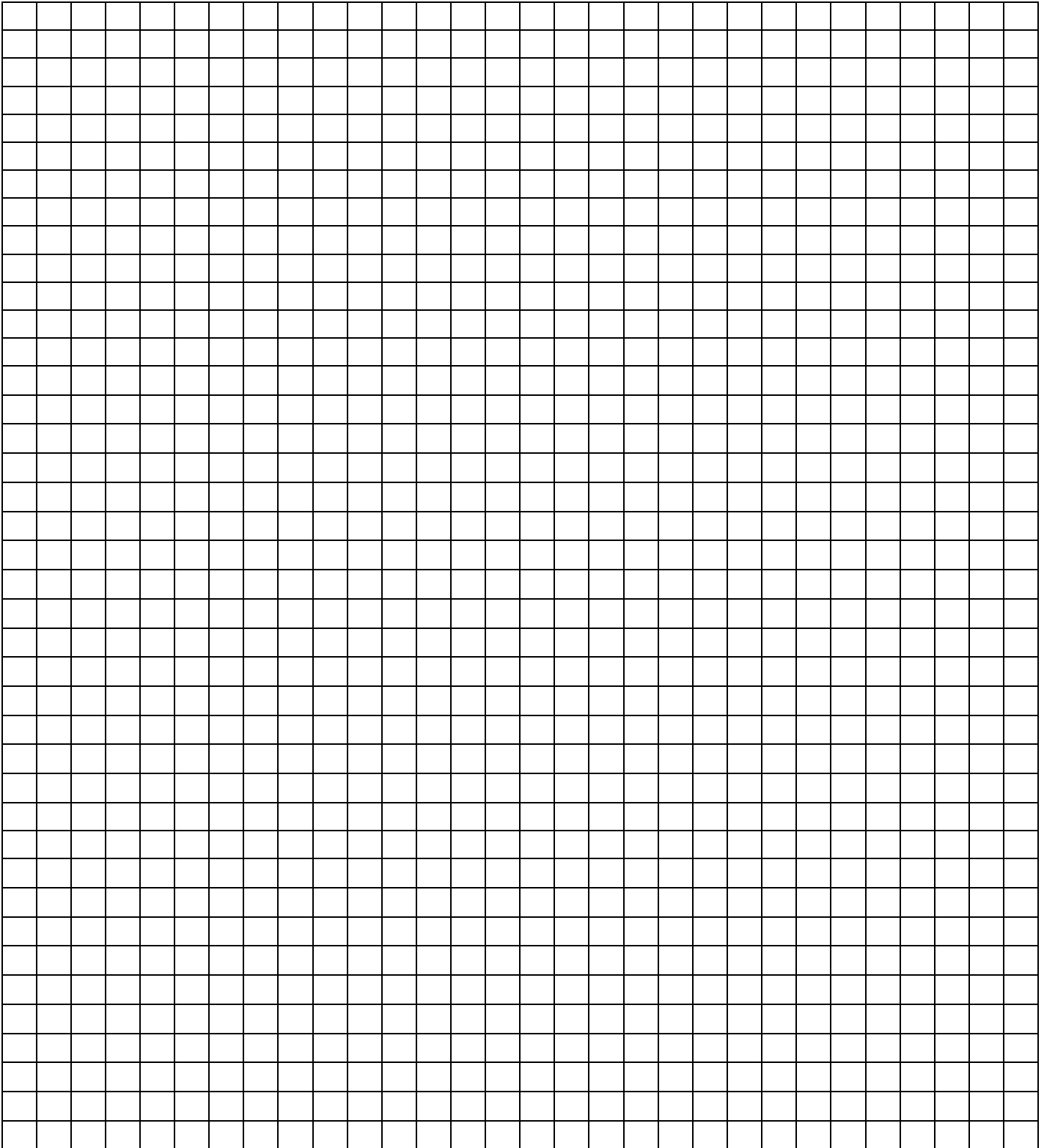
(indicate north with arrow)

A large grid for drawing a plot plan. The grid consists of 20 columns and 30 rows of small squares, providing a space for the user to draw the property boundaries, structures, driveway, and parking area.

FLOOR PLAN

Draw the floor plan of the facility to be used as a tourist rooming house. Show each floor: label and show dimensions of each room.

If contactor floor plans are available and legible (11"x17" or smaller) they may be used and attached provided the rooms are labeled and dimensions are shown.



**CERTIFICATION OF §9.58
Tourist Rooming House Compliance Statement**

Owner/agent initial each line

- _____ A tourist rooming house license issued by the Oneida County Health Department under §97.605, Wis. Stats. must be obtained.
- _____ A Lodging Establishment Health Inspection performed by the Oneida County Health Department is required prior to commencing rental activities.
- _____ Local fire department or equivalent inspector shall perform a fire inspection.
- _____ A Wisconsin Department of Revenue Sales Tax Number (sellers permit) must be obtained.
- _____ A room tax permit from the local municipality (if applicable) must be obtained.
- _____ Personal injury and property damage insurance will be in force at all times while this permit is in effect.
- _____ The designated resident agent shall be available at all times while this permit is in effect.
- _____ Contact information of the resident agent shall be posted in a conspicuous location.

Additional Comments:

APPLICANT'S CERTIFICATION: The undersigned hereby applies for the above-described Tourist Rooming House/Administrative Review Permit and certifies that the information provided is complete, accurate, and will be completed in compliance with the requirements of §9.58 of the Oneida County Zoning and Shoreland Protection Ordinance and all other applicable ordinances and laws of the State of Wisconsin. The applicant understands that the issuance of this permit creates no legal liability, express or implied, on Oneida County and that failure to comply with the permit may result in suspension or revocation of this permit or other penalty.

Print name (applicant) _____ Date: _____

Signature (applicant) _____ Date: _____

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Oneida County Planning &
Zoning Department
P.O. Box 400
Rhinelander, WI 54501

**ONEIDA COUNTY
Tourist Rooming House
Resident Agent Application**

Oneida County Planning &
Zoning Department
Minocqua Branch Office
P.O. Box 624
Minocqua, WI 54548

Complete in black ink only

To qualify as a resident agent the person must meet the following requirements:

1. Be an adult person residing in or within a twenty-five (25) mile radius of the location of the tourist rooming house or a corporate entity with offices located within a twenty-five (25) mile radius of the tourist rooming house that is the subject of the application.
2. Be authorized by the owner to act as the agent for the owner for: (i) the receipt of service of notice of violation of this article's provisions, (ii) service of process pursuant to this article, and (iii) to allow the county to enter property permitted under this article for purposes of inspection and enforcement.

Resident agent's last name: _____ First: _____ MI: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Physical address: _____ City: _____ State: _____ Zip: _____
 Telephone number (_____) _____ Email: _____

Resident agent's travel distance from their residence or corporate office to the tourist rooming house: _____ miles.

RESIDENT AGENT DESIGNATION: The undersigned property owner, making application for a tourist rooming house located at _____ in the Town of _____, Oneida County, Wisconsin, hereby appoints _____ as resident agent, to act for property owner with full authority and control of the residence and of all business relative to the Tourist Rooming House Rental.

Print name (property owner) _____ Date _____

Signature (property owner) _____ Date _____

RESIDENT AGENT ACCEPTANCE OF APPOINTMENT: I, _____ hereby accept this appointment as resident agent for the above rental property and assume full responsibility for the operation of said property and the requirements of §9.58 - Tourist Rooming House of the Oneida County Zoning Ordinance and all other applicable ordinances and laws of the State of Wisconsin.

Print name (resident agent) _____ Date _____

Signature (resident agent) _____ Date _____