

Parcel ID # \_\_\_\_\_

PERMIT # \_\_\_\_\_

# ONEIDA COUNTY TOURIST ROOMING HOUSE Administrative Review Application

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

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



Oneida County Zoning  
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 (¼ ¼ , Gov't Lot, CSM, Subdivision & Lot # or Condominium) \_\_\_\_\_
8. Section: \_\_\_\_\_ Township: \_\_\_\_\_ 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.

| <b>OFFICE USE ONLY</b>  |   |                               |                   |
|---|---|-------------------------------|-------------------|
| 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: _____ |   |                               |                   |
| <b>Fee: \$250.00</b>  |   | <b>Receipt #:</b> _____       |                   |
| <b>Granted by:</b> _____  |   | <b>Issued date:</b> _____     |                   |
| <b>Zoning Director's signature (staff initials)</b>                   |   | <b>Expiration date:</b> _____ |                   |

**PLOT PLAN** (site as viewed from above)

**Provide a drawing of the boundaries of the property, the location of all existing structures, and show the following measurements:**

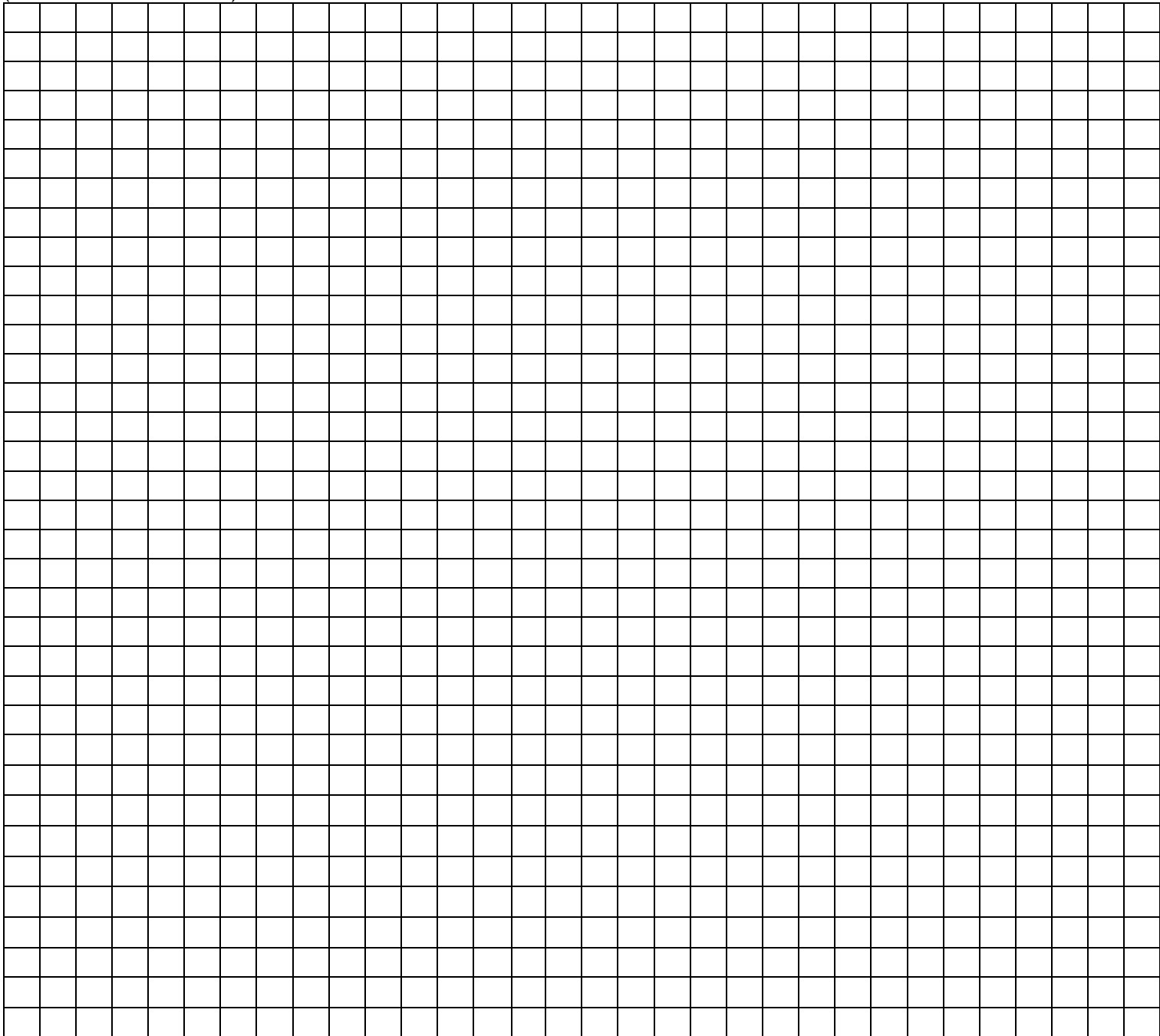
\_\_\_\_\_ feet to centerline of road    \_\_\_\_\_ feet to wetland area    \_\_\_\_\_ feet to ordinary high water mark  
\_\_\_\_\_/ \_\_\_\_ feet to both side lot lines

**Your drawing shall also include location of the following (proposed and/or existing):**

- garbage bins/dumpsters
- location/type lighting
- fencing or screening
- equipment storage area
- septic tank
- drainfield
- parking area w/number of vehicles

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

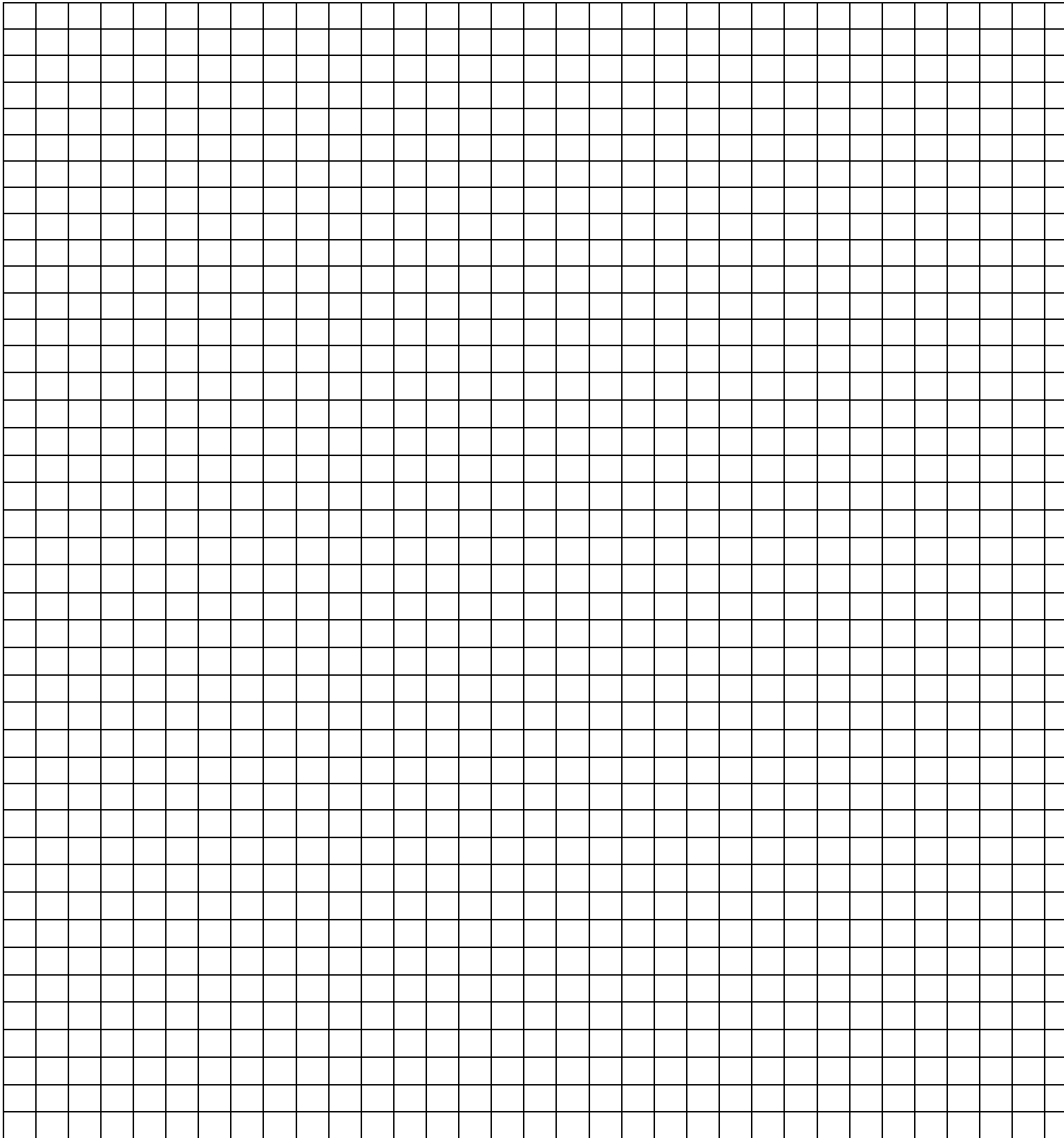
(indicate north with arrow)



**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:

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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 (owner/agent) \_\_\_\_\_

Date: \_\_\_\_\_

Signature (owner/agent) \_\_\_\_\_

Date: \_\_\_\_\_

Parcel ID # \_\_\_\_\_

PERMIT # \_\_\_\_\_

Oneida County Zoning  
P.O. Box 400  
Rhineland, WI 54501

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

Oneida County Zoning  
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 (owner/agent) \_\_\_\_\_ Date \_\_\_\_\_

Signature (owner/agent) \_\_\_\_\_ 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 \_\_\_\_\_