



# SHAWANO COUNTY

## LAND CONSERVATION DEPARTMENT

<https://www.co.shawano.wi.us> 311 N. Main Street, Shawano, WI 54166 PH 715-526-4820

### LIVESTOCK FACILITY LICENSE APPLICATION

Application for:

- \_\_\_ Livestock Facility License (Fee - \$1,000)
- \_\_\_ Livestock Facility License Modification (Fee - \$500)

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Landowner Name (if different):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Location:** Parcel Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ T \_\_\_\_\_ N - R \_\_\_\_\_ E Town of: \_\_\_\_\_

Property Address: \_\_\_\_\_

<i>For office use only</i>	
Date Received:	_____
Fee Amount Paid:	_____
Date of Complete Application:	_____
Approval Date:	_____ Permit No.: _____
or Disapproval Date:	_____
Construction Certification Received:	_____

By submitting this application, the landowner approves of Land Conservation Department staff to enter the property for inspection purposes.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Landowner's Signature (if different):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consultant's Business Name:** \_\_\_\_\_

**Consultant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_