

**IRON COUNTY LAND AND ZONING INFORMATION OFFICE
300 TACONITE STREET SUITE 115
HURLEY, WI 54534
715-561-5414
FAX 715-561-2928**

CONDITIONAL-USE FOR TOURIST ROOMING HOUSE APPLICATION

Please attach the Septic System plan and sizing with this application if on a private sewer system. Please also attach a rental agreement/rental application that will be used for your proposed tourist rooming house. Please return completed form with \$225 application fee made payable to the Iron County Treasurer. Mail to the address on top of this form. Once the applicant has Zoning Committee approval, applicant needs to contact the Iron County Health Department.

Property Owner's Name: _____
Mailing Address: _____
City, State & Zip: _____ Telephone No: _____
Email Address: _____

PROPERTY DESCRIPTION: Information must be complete and accurate. If applicable to your property description, state lot number, block number, subdivision name, government lot number, quarter sections, etc. (Note: This may be copied from your tax notice or deed.)

Legal Description: _____
Lot _____ Block _____ Subdivision Name: _____ Section _____ T _____ N-R _____ W or E
Tax Parcel No: _____ Town of: _____
(i.e. 030-0234-0000)

Property Address: _____
Lake Classification: _____ Zone District: _____

Lot size: Length _____ Width _____ Sq. ft./Acres _____
Number of Bedroom to be advertised: _____

Building Size: Length _____ Width _____ Area _____ Sq. ft.
Surrounding Land Use: _____
Impact on other properties: _____

Access to Property: _____
Will any new roads be required: yes___ no___ Sewer System: Private___ or Municipal___

If owner does not reside in Iron County please provide information on agent responsible:
Name: _____ Telephone No: _____
Address: _____

I certify that the foregoing information is true and correct. I understand that the issuance of a Conditional Use Permit for the use proposed herein is discretionary, and that Iron County is not required to permit the proposed use. I further understand that the requisite application fee in the amount of \$225.00 is NONREFUNDABLE, even if the Conditional Use is not granted. I agree to comply with the provisions of all applicable laws, regulations, ordinances, and conditions related to the proposed use, if said use is permitted. I understand that the failure to comply with any or all said laws, regulations, ordinances or conditions may result in revocation of a Conditional Use Permit for the proposed use.

Signature of owner or agent: _____ Date: _____
Agent address & phone number: _____

By signing this application, I give my/our permission to allow a site inspection to be made of the site by Zoning staff and allow photographs to be taken if necessary.

Iron County Policy for Conditional Use Permits for Tourist Rooming Houses

The Iron County Zoning Committee hereby adopts the following policy:

1. Purpose: For the purpose of promoting the public health, safety and general welfare and determining, establishing, regulating and restricting Tourist Rooming Houses within the County of Iron.
2. Definitions
 - 2.1 Tourist Rooming House: Tourist Rooming House means all lodging places and tourist cabins and cottages, other than hotels and motels in which sleeping accommodations are offered for pay to tourists or transients. It does not include private boarding or rooming houses not accommodating tourists or transients, or bed and breakfast establishments.
 - 2.2 Responsible Person: An individual who is empowered to accept Legal Notice, Service of Process and/or issuance of a citation.
 - 2.3 Owner: An individual holding interest in real estate located in the County of Iron.
3. Prohibited Conduct: No person shall operate a Tourist Rooming House without first having obtained a conditional use permit from Iron County, which shall be issued upon written application and shall be subject to cancellation. Every applicant for a permit to maintain, operate or conduct a Tourist Rooming House in the County of Iron shall file a conditional use application with the Zoning Office and pay the required fees. The Zoning Office may issue a permit for the operation of a Tourist Rooming House upon the following:
 - a. Name and address of the Owner of the proposed Tourist Rooming House
 - b. Location of proposed Tourist Rooming House
 - c. Name, address and telephone number of responsible individual for Tourist Rooming House.
Note: If owner does not reside in Iron County, he or she must appoint a responsible adult residing in Iron County as his/her agent for all matters related to his/her Tourist Rooming House, including, but not limited to, acceptance of service or legal documents and citations.
 - d. Owner must obtain and maintain a valid certification of compliance from the Iron County Zoning Committee
4. Revocation of Conditional Use Permit: Any person or entity issued a Conditional Use Permit for a Tourist Rooming House shall at all times comply with any and all applicable State Statutes and Administrative Code Provisions, Town Ordinances, and County Ordinances. Failure to comply with any such regulations may result in revocation of the Conditional Use Permit.