

**TOWN OF GARFIELD**  
**TOURIST ROOMING HOUSE PERMIT APPLICATION**

NO. \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**  
Town of Garfield  
690 Minneapolis Street Amery, WI 54001  
715-264-4857  
By Appointment Only

**COMPLETE ALL UNSHADED AREAS**  
INCOMPLETE APPLICATIONS MAY BE RETURNED  
**PLEASE PRINT - BLACK INK AND RETURN ORIGINAL FORM**  
**PLEASE ALLOW 2 WEEKS TO PROCESS APPLICATION**

Property Address (Number & Street or Ave)		Rental Agency	
Property Owner: _____  Mailing Address: _____  City: _____ State: _____ Zip: _____ Email (optional): _____  Phone Number: _____		Address	
		City _____ State _____ Zip _____	
		Phone Number	
		Previous owner _____ Date purchased: _____	
		Adjoining owner	
		Adjoining owner	
<b>LEGAL DESCRIPTION OF PROPERTY - SEE TAX BILL</b>			
Parcel # / Computer# -- See tax bill - -		Lot# _____ Subdivision/CSM # _____ Gov't Lot _____	
1/4, _____ 1/4, Sec _____		IT _____ N/R _____ W _____ Town of _____	
Size of Parcel X = _____		_____ SQ FT <b>OR</b> _____ Acres Name of Lake/Pond/River/Flowage (if applicable)	
<input type="checkbox"/> <b>Check here if this is a renewal</b> <small>(inspections not required for renewals, unless modifications have been made to the house, septic or otherwise requested by Town staff)</small> <b>APPLICATION CHECK LIST- Please attach inspection reports</b>			
County Health Inspection:		Inspection date: _____	
Sanitary Inspection:		Name of County Inspector: _____	
Building Inspection:		Inspection date: _____	
Survey:		Name of Plumber: _____	
		Name of Inspector: _____	
		Name of Surveyor: _____	
I declare that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief it is true, correct, and complete. I agree to permit town officials charged with administering town ordinances or other authorized personnel, including the assessor, to have access to the above-described premises at any reasonable time for the purposes of inspection.			
<b>Sign Here:</b>		Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
COMMENTS: See page 2 for conditions.			<b>Fees</b> <b>Paid per calendar year</b>  New: \$300 Renewals: \$100
Maximum# of people allowed on the property 11PM-7AM: _____ Application must be renewed by: _____ to avoid having to reapply.			
Issued by: _____ Date: _____ Fee _____ Date Received: _____			

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## **Tourist Rooming House Land Use Permit Conditions**

- A. Accessory building must not have sleeping accommodations.
- B. No RVs or campers allowed for overnight stay.
- C. All parking to be on an impervious surface and must be contained on the property.
- D. Applicant must obtain all proper licensing, including annual land use permit renewal.
- E. All fires and embers are to be extinguished by 11:00 p.m., with no unattended fires.
- F. Applicant must have 24-hour contact number available to the public.
- G. Property must remain free from citation and charges for nuisance, disorderly conduct, or any other illegal activity.
- H. Quiet hours shall be imposed from 11:00 p.m. to 7:00 a.m.
- I. Applicant and renters must comply with all applicable laws and regulations:
  - 1 Department of natural resources lake regulations to be included in rental information.
  - 2 Lake association rules to be included in rental information.
  - 3 Owner is responsible to state and local jurisdictions for compliance with firework regulations.
- J. All pets must be contained on the rental property unless they are on public property.
- \*\*K. Property lines must be surveyed with boundaries clearly staked by a professional land surveyor except as otherwise specified by Planning Committee/Town Board.
- L. All conditions that apply to renters shall be included in rental information.
- \*\*M. Existing septic system to be inspected and approved. The zoning office can inspect or require the septic system to be inspected annually.
- \*\*N. Local uniform building inspector shall be hired by the applicant to determine the number of legal bedrooms in the dwelling. The zoning office can require additional building inspections performed by the local building inspector annually at the operator's expense.
- O. Any advertisement shall include the land use permit number and the health department license number.
- P. Max rental of 180 consecutive days per year.
- Q. Anyone operating a tourist rooming house without a valid permit must cease said violation for a period of three (3) months prior to applying for a land use permit to operate a tourist rooming house under this section. The application must be accompanied by the original required permit fee and the after-the-fact fee.

**\*\*Items to be completed PRIOR to applying for a land use permit application**