



Township of Eau Pleine

111630 Equity Street
Stratford, WI 54484

Solar Energy Construction Application

For Office Use

Permit # _____

Date Received _____

Fee _____

MAP _____

Appr By _____

Date Approved _____

Please complete this form to comply with Town of Eau Pleine Health and Safety Solar Ordinance #2025-1

GENERAL INFORMATION

Legal Name of Owner/ Applicant (Company Name)

NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

TELEPHONE _____

EMAIL _____

Name of Designated Company Representative

NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

TELEPHONE _____

EMAIL _____

Name of Project Construction Contact

NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

TELEPHONE _____

EMAIL _____

Name of Facility Operations Contact

NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

TELEPHONE _____

EMAIL _____

PROPERTY LOCATIONS

Please provide a list of all Parcel IDs that this project will effect. This includes not only the physical construction of the renewable project, but all other activities associated with the project.

PROPERTY LIMITATIONS

Please provide a list of all Parcel IDs within this project that exhibit either wetlands and/or floodplain on the parcel. This includes not only the physical construction of the renewable project, but all other activities associated with the project.

PROPERTY SETBACKS

Please provide a list of all Parcel IDs within this project that will be required to meet Marathon County Zoning setback requirements

CONSTRUCTION PERMITTING DETAILS

Please provide a list of all applications associated with this renewable project that were submitted to other agencies (WDNR, PSC, Army Corp of Engineers, Marathon County Zoning, etc).

CONSTRUCTION ASBUILTS

Please provide a list of all asbuilt plans associated with this renewable project. The Township of Eau Pleine reserves the right to allow this submittal via email or other electronic filings.

EMERGENCY CONTACT INFORMATION

Please provide the Emergency Management Plan associated with this renewable project. This plan must be approved by the Township of Eau Pleine prior to project approval.

APPLICANT SIGNATURE

I certify that all information given in this application is accurate. I authorize staff to access the project site for the purposes of compliance with Township of Eau Pleine ordinance #2025-1. I also understand that this permit is not valid until approved by the Township of Eau Pleine. By signing this form, I represent that the project meets all applicability requirements and standards in the aforementioned article.

APPLICANT'S SIGNATURE

DATE

FEES

Fees will be assessed to the above-mentioned renewable project based on the fee schedule approved by the the Township of Eau Pleine, Marathon County

APPROVAL/DENIAL (DEPARTMENT USE ONLY)

THIS APPLICATION IS: **APPROVED** **DENIED**

IF DENIED, REASON FOR DENIAL:

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

OFFICIAL SIGNATURE/TITLE

DATE