

SUBMIT COMPLETED APPLICATION AND FEE TO:

Sawyer County
Zoning & Conservation Dept.
10610 Main St Suite 49
Hayward, WI 54843
(715) 634-8288

APPLICATION FOR LAND USE PERMIT
SAWYER COUNTY, WISCONSIN

Date Stamp (Received)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Sawyer County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Submittal of this application or receipt of fees does not constitute permit issuance.

Original Application **MUST** be submitted

FILL OUT IN INK (NO PENCIL)

Owner(s) Name:		Contractor(s) Name	
Mailing Address:		Mailing Address:	
Phone:		Phone:	
Email:		Email:	
Site address:	Or Date applied for:		
Legacy PIN #	Town of:		
Permit delivery Method	<input type="checkbox"/> Call Owner <input type="checkbox"/> Mail Owner <input type="checkbox"/> Call Contractor <input type="checkbox"/> Mail Contractor		

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion <i>* include donated time & material</i>	Describe Project type (House, garage, shed, deck, Addition, etc...) List separately	Number of Stories	Project Foundation (Basement, Crawlspace, Slab)	Total # of bedrooms Post construction	What Type & Capacity is the Sewer/Sanitary System(s)
\$ _____ Dwelling					
\$ _____ Accessory Bldg					
\$ _____ Addition/Alteration					

Proposed Use	✓	Proposed Structure	Dimensions	Total Square Footage (multiply per story)	Height: Lowest Grade to Highest Peak	
<input type="checkbox"/> Residential Use		Residence	(X)		Ft.	
		with 2 nd story or loft	(X)		Ft.	
		with Basement	(X)		Ft.	
		Accessory Structure (explain) <small>(detached garages, sheds, boat houses, etc.)</small>	(X)		Ft.	
	<input type="checkbox"/> Agricultural Use		Deck/Patio	(X)		Ft.
			Porch	(X)		Ft.
			Attached Garage	(X)		Ft.
	<input type="checkbox"/> Commercial/Industrial Use		(2 nd) Porch/deck/patio	(X)		Ft.
			Other (explain)	(X)		Ft.
	<input type="checkbox"/> Other		Principal Structure (Agricultural, Commercial, Municipal, Etc.)	(X)		Ft.
		Addition/Alteration (explain)	(X)		Ft.	
Total habitable square feet:			Total Non-habitable square feet: <small>(decks, patios, garages, sheds, storage area & other structures)</small>			

Original Application MUST be submitted

Attach a **Plan** or **Sketch** your Property on 8.5" x 11" or 8.5" x 14" paper: ***Must*** Include location and setback of proposed and existing structures, roads, driveway, sanitary components, well, lake, river, stream, and wetlands.

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road and/or	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bluff if applicable	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Slope within area of construction/disturbance	% Slope
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within five (5) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than five (5) feet but less than ten (10) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

For Shoreland property, complete the impervious surface worksheet below

Calculate impervious surfaces. (Roofed, concrete, paved, and other surfaces that water cannot penetrate. The Zoning Office can help you determine if a surface is considered impervious)

Calculate lot area:

Indicate lot size from CSM or NOVUS (circle one): _____ Acres; Multiply by 43,560 = Lot area: _____ Square Footage

Calculate impervious surface area:

Determine the total size, in square feet, of your projects listed above (include eaves): _____ sq ft.

Determine the total size, in square feet, of all existing roofed structures (include eaves): _____ sq ft.

Determine the total size, in square feet, of all existing paved/bricked/blocked surfaces: _____ sq ft.

Add these measurements to determine total impervious surfaces: _____ sq ft.

Calculate impervious lot percentage

Total impervious surface: _____ ÷ Lot area: _____ Sq ft. X 100 = impervious surface _____ %
(Mitigation is required if total exceeds 15%)

*****Notice a separate grading permit needs to be obtained if disturbed area is within the Shoreland district as indicated on previous page and meets criteria below*****

• Grading on a slope greater than 20%	• Grading of more than 1,000 Sq. Ft. on 12%-20% slopes
• Grading of more than 2,000 Sq. Ft. on Slopes less than 12%	• Grading is in excess of 10,000 Sq. Ft.

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Sawyer County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Sawyer County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Additionally, the undersigned person(s) hereby give permission for access to the property for onsite inspection by Municipal Officials.

Owner Signature _____ Owner Printed name _____ Date _____
(Signature and Printed Name required)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, State or Federal agencies may also require permits.

You are responsible for complying with the requirements of the Sawyer Counting Zoning Ordinances and law and regulations of the State of Wisconsin. You are also responsible for complying with State and Federal laws concerning construction near or on wetlands, lakes, and streams. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (608) 267-3125

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:
Permit Denied (Date):		Reason for Denial:	
Permit #:		Issuing agent:	Date:
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) _____ <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) _____ <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
Granted by Variance (B.O.A.)		Granted by Conditional Use	
<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input type="checkbox"/> No Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Was Property Surveyed	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Office Comments:		Zone District:	Fee:
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____ <input type="checkbox"/> _____

Sawyer County Application for Grading
 10610 Main St. Suite 49
 Hayward WI 54843
 715/634-8288

CONSTRUCTION SHALL NOT BEGIN UNTIL ALL REQUIRED PERMITS HAVE BEEN ISSUED. SIGNATURE OF PROPERTY OWNER IS REQUIRED.

Owner:	Contractor:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

Site address: _____

Calculate grading area: (Total area disturbed including excavation, fill, grading, landscaping, equipment rutting, and/or other areas vegetation will be removed resulting in exposed soil)

Determine width of disturbed site in feet: _____ ft. x depth of disturbed site in feet: _____ ft.
 Total = _____ sq. ft. (this is the area calculation)
 Determine Slope of disturbed area: Vertical height in feet _____ ÷ Horizontal distance in feet _____ = Slope _____ X 100 = _____ % Slope
 (1V/1H = Slope X 100 = Percent Slope)

***For any filling or grading of any area which is within 300 feet landward of the ordinary high water mark (OHWM) of navigable water and which has surface drainage toward the water and on which there is either:**

- (1) Any filling or grading on slopes of more than 20%.
- (2) Filling or grading of more than 1,000 sq. ft. on slopes of 12% 20%.
- (3) Filling or grading of more than 2,000 sq. ft. on slopes less than 12%.
- (4) A Grading Permit is required for any filling or grading in excess of 10,000 sq. ft within 1,000' OHWM of navigable lakes, ponds, or flowages OR within 300' of OHWM of navigable rivers or streams.

Date activity will begin if permit is issued: _____ date to be completed: _____

Attach engineering design or complete the following using additional sheets:

1. Describe proposed erosion control installation, construction phases, and finished site grading. Include timeline, methods, and materials. **(Silt Fence alone is not ample erosion control for most sites)**

Permit #

Town:

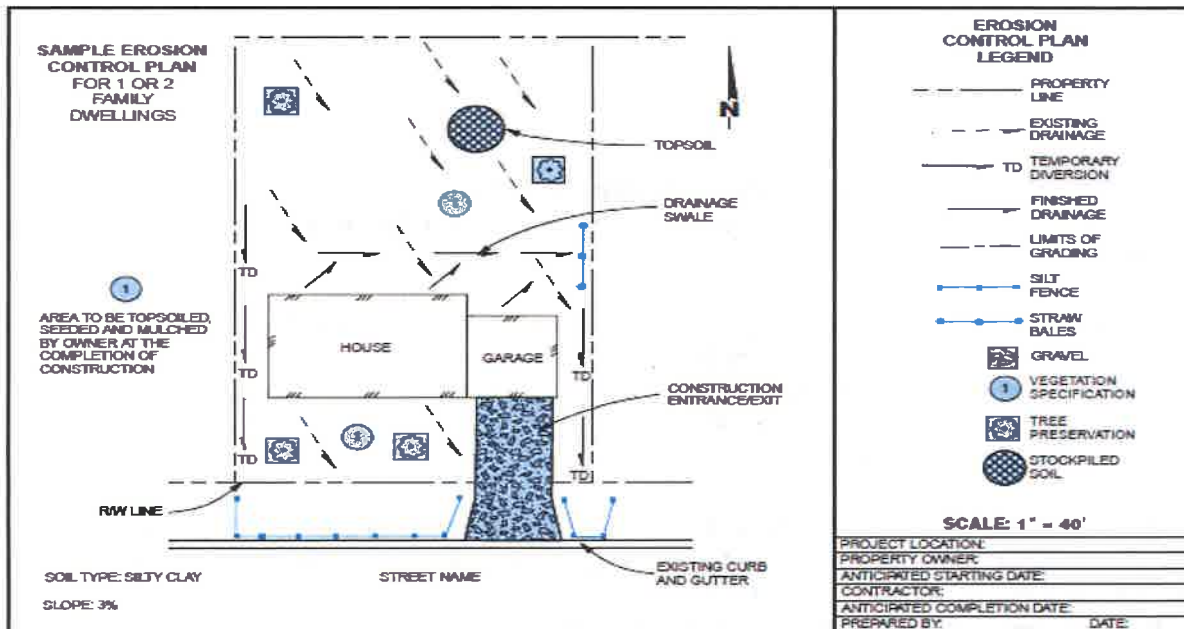
Parcel #

Owner:

Issuing Agent:

Date:

- List temporary seed type and rate, permanent seed type and rate, fertilizer type and application rate (if applied), and mulch type and application rate.
- Attach a plot plan of project area including location of any wetland(s) and/or waterway(s) (indicate area between grading project and water body to be left undisturbed), location of excavated material, location of all storm water and erosion control Best Management Practices (BMP's), property lines, existing drainage, post grading drainage pattern, and north arrow. **(Silt Fence alone is not ample erosion control for most sites)**



- Attach a cross sectional view of project area including the existing and proposed slope of the bank, water level of any existing waterway, and horizontal and vertical scale.

Initial below

_____ All BMP's and erosion control devises will be inspected weekly and after rainfall of 1/2' or greater within 24hr period.

_____ In accordance with the Sawyer County Zoning Ordinance section 4.281(Adverse Effects On Adjacent Properties). I hereby declare that the construction and/or grading permitted under this permit will not affect or interfere with neighboring properties drainage patterns. Any change in drainage patterns which are determined to be detrimental to neighboring properties will be corrected at the expense of the property owner referenced on this permit.

The undersigned certifies that the listed information and intentions are true and correct, that all work shall be performed in compliance with the requirements of the Sawyer County Zoning Ordinance and the laws and regulations of the State of Wisconsin. The undersigned person(s) hereby give permission for access to the property for onsite inspection.

_____ **Original Signature of property owner (or agent with Power of Attorney).**

Permit Fee: _____