

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.** Original Application **MUST** be submitted Submittal of this application or receipt of fees does not constitute permit issuance.

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 Call Owner Mail Owner Call Contractor Mail Contractor

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? **If yes---continue** →

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage **If yes---continue** →

Distance Structure is from Shoreline : _____ feet

Distance Structure is from Shoreline : _____ feet

Are Wetlands Present? Yes No

Is your Property in Floodplain Zone? Yes No

Value at Time of Completion * include donated time & material	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 <input type="checkbox"/> Agricultural Use <input type="checkbox"/> Commercial/Industrial Use <input type="checkbox"/> Municipal Use <input type="checkbox"/> Other	✓			
	Residence	(X)		Ft.
	with 2 nd story or loft	(X)		Ft.
	with Basement	(X)		Ft.
	Attached Garage	(X)		Ft.
	Accessory Structure (explain) (detached garages, sheds, boat houses, etc.)	(X)		Ft.
	Temporary Guest Quarters or Bunkhouse (Circle type)	(X)		Ft.
	Deck/Porch/Patio	(X)		Ft.
	(2 nd) Deck/Porch/Patio	(X)		Ft.
	Other (explain)	(X)		Ft.
Principal Structure (Agricultural, Commercial, Municipal, Etc.)	(X)		Ft.	
Addition/Alteration (explain)	(X)		Ft.	
Total habitable square feet:			Total Non-habitable square feet: (decks, patios, garages, sheds, storage area & other structures)	

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

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 marked by a licensed surveyor at the owner's expense.

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 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 2,000 Sq. Ft. on Slopes less than 12%
- Grading of more than 1,000 Sq. Ft. on 12%-20% slopes
- 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 _____ 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 Dwellings: 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 County 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 Yes No (Deed of Record) No No
 Is Parcel in Common Ownership Yes No (Fused/Contiguous Lot(s)) No No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Office Comments: _____ Zone District: _____ Fee: _____

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____