

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE
PLANNING AND ZONING DIVISION

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APPLICATION FOR A SHORELAND CUTTING ZONING PERMIT

For Office use only: Fee paid (See Fee Schedule) _____ ATF Y/N: ____ Receipt No. _____ Checked by _____

LA request sent _____ Application No. _____ Zoning Permit No. _____

File _____ Building Inspector _____ Owner _____ Applicant _____

Waukesha County Zoning Code N/A Waukesha County Shoreland and Floodland Protection Ordinance _____

Town _____ Section _____ Zoning District(s) _____ Tax Key No(s). _____

Owner _____ Applicant (if different) _____

Address _____ Address _____

Email address _____ Email address _____

Daytime Phone No. (____) _____ Daytime Phone No. (____) _____

Address of Premises (if different) _____

Legal Description _____

Ave. Lot Width (ft.) _____ Ave. Lot Depth (ft.) _____ Total Lot Area (sq. ft.) _____

Existing use(s) of the property (residential, agricultural, commercial, industrial, none) _____

Floodplain Y/N: ____ Sewer Y/N: ____ Private Well Y/N/Other: ____ Non-Conforming Y/N: ____ Reason(s): _____

PROPOSED SHORELINE CUTTING PROJECT:

Describe in detail the proposed work to be completed and the purpose (if more space is needed, attached additional sheets) _____

1. Is there an existing view corridor on your property (only one corridor is allowed)? _____

2. What is distance inland from the Ordinary High Water Mark that will be selectively cut? _____
Selective cutting shall be allowed only when utilizing accepted forest management and soil conservation practices to protect water quality.

3. What is your amount of shoreland frontage? _____ feet. What is the width of your proposed view corridor? _____ feet.
What percentage of your shoreland frontage will contain the access/view corridor? _____
A minimum of seventy percent of the shoreline shall remain undisturbed unless there are dead, dying, diseased, or noxious invasive species, in which case a **shoreland cutting plan** shall be submitted to this office for review, approval and permit issuance. The plan and its implementation must replace the vegetation removed with native species that are at least as equally as effective in retarding runoff, controlling erosion and preserving natural beauty as the vegetation that was removed.

4. Is the property zoned EC or designated as a Primary or Secondary Environmental Corridor, or an Isolated Natural Resource Area on the Waukesha County Development Plan? ____ Yes ____ No. If yes, **prior to** any cutting, **including** the cutting of dead, dying, diseased, or noxious invasive species, a **shoreland cutting plan** shall be submitted to this office for review, approval, and permit issuance.

An application for such a permit shall include a **shoreland cutting plan** (professionally prepared plan or on a plat of survey preferred) providing, in addition to No. 1 below, the following information: location of parking; topography of the land; existing vegetation; proposed cutting area with dimensions; types and sizes of vegetation to be removed; whether any vegetation is dead, dying, diseased or a noxious invasive species; and a proposed replanting plan.

The Zoning Administrator may approve such a plan and grant such a permit only if he/she finds that the **shoreland cutting plan** will be effective in retarding runoff, controlling erosion and preserving natural beauty, and will provide substantial visual screening from the water of dwellings, accessory structures, and parking areas. A **letter of credit** may also be required to guarantee the performance of the planted replacement vegetation by the lot owner.

5. Will the shoreline cutting be disturbing the surface of the land? ____ Yes ____ No. If yes, a **land altering activities permit** is required, and a **detailed grading, drainage, erosion control and (re)vegetation plan** shall be submitted for review and approval.

The following information must be submitted with this application:

- 1. Four copies of an accurate shoreland cutting plan, drawn to scale (professional plan or on a plat of survey preferred) showing, in addition to the requirements outlined in No. 4 above, the lot dimensions, the location of all buildings on the lot in relation to the property boundaries, and the location of any conservancy, wetland, floodplain, and/or environmental corridor areas on the property.
- 2. If required by this office, a grading, drainage, erosion control, and (re)vegetation plan showing detailed cross sections of the existing **and** proposed grade slopes, and how the project relates to adjoining properties. The erosion control plan must detail the proper installation of erosion control methods.
- 3. If required by this office, a letter of credit as outlined above.
- 4. A timetable for completing the entire project.
- 5. A (re)vegetation plan including types and sizes of vegetation used in the restoration, seeding mixtures, and a timetable for vegetation cover.

An incomplete application form, or missing information will cause a delay in the issuance of the permit, and the application may be returned for additional information. The project must start within six months and be completed within 18 months of the permit date of issue, unless modified herein.

The undersigned states that the foregoing information is true and accurate to the best of his or her knowledge. It is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; all applicable ordinances, rules, and codes of all federal, state, county, and town agencies will be complied with in carrying out the proposed work stated on the application; and work will not commence before all required permits have been obtained from the appropriate agencies, as applicable. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit, citations, or other penalties. This application must be signed by a representative of the Department of Parks and Land Use to be valid. By signing this form, the owner/applicant is giving consent for the Department of Parks and Land Use to inspect the site as necessary and related to this application even if the property has been posted against trespassing pursuant to Wis. Stat.

Signature of the Owner _____ Date _____

Signature of the Applicant _____ Date _____

Application (approved)(denied) by Zoning Administrator _____ Date _____

Conditions for approval or reasons for denial: _____