

Shoreland Mitigation Requirements

State and county laws require mitigation for the impact your property development has to the aquatic and shoreland environment. Mitigation plans must be reviewed and approved by the Land & Water Conservation Department before any project permits will be issued. Mandatory items for your project mitigation shall include:

- Evaluate and upgrade, if necessary, any existing sanitary systems on the property in accordance with current County, WI Dept of Health Services and WI Dept of Safety & Professional Services regulations;
- Implement standard erosion and storm water runoff control measures;
- Accumulate at least 2 points from among a list of possible mitigation options (listed on page 3); and
- Complete and record with the Douglas County Register of Deeds a “Shoreline Mitigation/Preservation Affidavit.” The recording of the Affidavit will ensure that future landowners are aware of and comply with the mitigation plan on file.

Shoreland mitigation is required by law.

However, if you are curious about why shoreland mitigation is important to humans and the environment, there are several resources including knowledgeable people and publications that we can provide to you. Just ask.

Land and Water Conservation Department

715-395-1266

Ashley.vandervoort@douglascountywi.org

In order to create a shoreline buffer restoration/maintenance plan, you have three options:

- 1) create the plan yourself*;
- 2) hire a private consultant to create the plan for you*; or
- 3) request the Douglas County Land & Water Conservation Department to prepare your plan for you for a fee.

*If you have chosen option 1 or 2 above, please note you will need to pay a fee to Douglas County for plan review and site inspection.

All plans must include a \$30.00 recording fee for the “Shoreline Mitigation/Preservation Affidavit” which will be recorded with the Register of Deeds Office.

SHORELAND MITIGATION APPLICATION FORM

Date of application: _____

Property Owner _____ Daytime Phone: _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Agent Name _____ Daytime Phone: _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____

SITE INFORMATION:

Property Address: _____ Town of _____

Legal Description: _____

Tax Parcel No. _____ Section _____ T _____ R _____

Waterbody: _____

TYPE OF ASSISTANCE REQUESTED: Check all that apply

\$ Cost

| | |
|---|-----|
| <input type="checkbox"/> Design, Inspection & Review of Residential Shoreland Mitigation and/or Stormwater Mgmt. Plan | 450 |
| <input type="checkbox"/> Design, Inspection & Review of New Shoreland Mitigation and/or Stormwater Management Plan Required for Compliance (Failure on Previous Plan) | 450 |
| <input type="checkbox"/> Inspection and Review of Residential Shoreland Mitigation and/or Stormwater Management Plan (plan designed by property owner or third party) | 250 |
| <input type="checkbox"/> Recording Fee – Shoreland Mitigation / Preservation Affidavit | 30 |
| TOTAL | |

Services provided may include: site visits, compilation of supporting documentation, development of a certifiable plan or written review, and final report provided to the landowner and the Zoning Department.

Landowner Signature: _____ **Date:** _____

Office use only

| Permit Number | Amount | Date Paid | Receipt # |
|-----------------|--------|-----------|-----------|
| | \$ | | |
| Vendor # | | | |

Approved by Zoning Department (signature required): _____ Date _____

Approved by Land Conservation Department (signature required): _____ Date _____

Property Owner _____ Date of Application _____

Tax Parcel ID _____

DOUGLAS COUNTY ZONING – LAND CONSERVATION
1313 BELKNAP STREET, ROOM 206, SUPERIOR, WI 54880
715-395-1380 / FAX 715-395-7643

SHORELAND MITIGATION APPLICATION FORM

Review "Mitigation Measures" in Douglas County Ordinance (Ord 8.4, 9.41-9.46). Choose appropriate measures. Copies of shoreland restoration guides, native plant lists, local greenhouses and local contractors are available from the Zoning Office or the Land Conservation Department.

Please select which of the following methods you will utilize to acquire two points of mitigation

- MAINTENANCE (2 points)** Maintenance of an existing shoreland buffer area extending 35 feet landward from the ordinary high water mark of navigable water. *Complete "Shoreland Buffer Maintenance" form.*
- RESTORATION OF SHORELAND BUFFER (2 points)** Restoration of the shoreland buffer area extending 35 feet landward from the ordinary high water mark of navigable water. *Complete "Restoration of Shoreland Buffer" form.*
- RESTORATION OF 5 FOOT SIDEYARDS (0.5 points)** Restoration of native vegetation along both sideyards, minimum of 5 feet wide measured perpendicular to the lot line for the entire length of the lot. *Complete "Restoration of Sideyard Buffer" form.*
- BUILDING REMOVAL- (1 point/ building)** Removal of legal pre-existing accessory buildings from within the shoreland setback area. *Complete "Building Removal" form.*
- EXTERIOR BUILDING MATERIALS- (0.5 points)** Use of exterior building materials or treatments that are inconspicuous and blend with the natural setting of the site. *Complete "Exterior Building Materials" form.*
- WATERWARD IMPROVEMENTS REMOVAL- (1 point for each distinct removal effort)** Removal of waterward improvements (seawalls, dockage, artificial sand beach, etc.) and/or restoration of emergent aquatic vegetation. *Complete "Waterward Improvements Removal" form.*
- OTHER- (variable)** Any other mitigation that is deemed appropriate by the Zoning Department may be used to meet the mitigation requirement of Zoning Ordinance 9.4(2)(a). *Complete "Other Shoreland Mitigation" form.*

SHORELAND MITIGATION/PRESERVATION AFFIDAVIT

**** USE ONLY BLACK INK ON THIS FORM**

Agreement Date *(Must be same as the notarization date)*

Governmental Unit

DOUGLAS COUNTY

Riparian Owner(s) *(please print)*

Permit Number

We, Riparian owner(s) acknowledge that application is being made for the installation or construction of a structure in the shoreland setback area on the following property:
(Provide legal description in this space)

DO NOT WRITE IN THIS SPACE

Name and return address:

Douglas County Zoning Department

Tax Parcel Number: *(required)*

As an inducement to the County of Douglas to issue a zoning permit in accordance with Section IX Douglas County Shoreland Ordinance for the above described property, owner(s) agree to do the following:

1. Owner(s) agrees to conform to all applicable requirements of the General Code of Ordinances for Douglas County, 8.4 Shoreland Zoning Ordinance Sec. VI & IX, relating to shoreland mitigation.
2. The owner(s) agrees to allow authorized representatives of Douglas County to enter upon the owner's property at the above description to inspect the structure(s) authorized by permit and to determine if the shoreland mitigation meets the requirements indicated by the owner's plan.
3. If applicable, owner(s) agrees that Douglas County may revoke the permit and order removal of the structure(s) authorized conditionally by said permit if, upon inspection, the shoreland mitigation practice, as approved in the owner's plan, is not adhered to. Said mitigation practice shall be adhered to upon this described property in perpetuity.
4. If applicable, owner(s) agrees that removal of the structures authorized by the 59.692 WI Stats permit and/or Douglas County Shoreland Ordinance IX permit will not void this agreement or authorize noncompliance with the shoreland mitigation plan.
5. This agreement shall be binding upon the owner(s), their heirs, successors and assigns. The owner(s) shall submit the agreement to the Douglas County Zoning Office and the agreement shall be recorded by the Register of Deeds in a manner which will notify any individual referencing the deed to the property as to the existence of this agreement.

| ACKNOWLEDGMENT | |
|--|---|
| Property Owner(s) Name(s) - Please Print | STATE OF WISCONSIN)) ss. _____ County) |
| Notarized Property Owner's Signature(s) | Personally came before me on _____, the above-named _____ _____ |
| Governmental Unit Official Signature | to me known to be the person(s) who executed the foregoing instrument and acknowledged the same. _____ * _____ |
| Planning & Zoning Authority | Notary Public, State of Wisconsin My Commission <input type="checkbox"/> Is Permanent / <input type="checkbox"/> Expires _____ |
| Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)] | |