APPLICATION FOR A SPECIAL EXCEPTION CONTRACT IN THE SHORELAND DISTRICT - TO THE BUFFALO COUNTY BOARD OF ADJUSTMENT

Buffalo County Zoning Department

Date:_____

Office Use Only:
Received by(staff initial): _____ Date Received: _____ Issue # _____

The undersigned applies for a permit to do work herein described and located as shown on the required site plan form or attached registered survey. The undersigned agrees that all work will be done in accordance with the Buffalo County Shoreland Ordinance and all other applicable ordinances of the County of Buffalo, applicable town, and all laws of the State of Wisconsin, applicable to said premises.

		Agent or Additional Applicant (Please specify):	
Owner:	_____	_____	
Address:	_____	Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Phone #:	_____	Phone #:	_____
Email:	_____	Email:	_____

Signature: _____ Signature: _____

Legal Description: (may be found on your real estate tax statement)

Parcel #: _____ Town of: _____

Section _____ N _____ W _____ 1/4 of _____ 1/4

Project Information: (use additional sheets if needed)

Proposed Project and/or use**:** _____

Location**: (**Zoning District)_____ Abutting Waterbody: _____

Designed by: _____

Amount of fill to be used**:** _____

Restoration Methods to be incorporated: _____

Type and size of material to be used**:** _____

Dimension & depth of area to be filled: (if applicable): _____

It is the responsibility of the applicant to comply with the following conditions:

1) All projects shall meet the conditions stipulated at the time the permit is approved. The project shall not cause the diversion of any stormwater onto abutting properties or highways, or highway right-of-ways.
2) All applicants are required to obtain all necessary permits from the US Army Corps, WI DNR, and local town. (no work shall commence until all necessary permits have been obtained)
3) Each applicant for a special exception permit is charged with knowledge of the Buffalo County Zoning, Shoreland/Wetland, and Floodplain Ordinances. Copies of these ordinances are available on the Buffalo County website at buffalocounty.com or by contacting the Buffalo County Zoning Office at 608-685-6218. Any statement made, site plan submitted, any project improperly constructed, or assurance given contrary to these ordinances render the permit null and void and may be considered grounds for prosecution.
4) The Board of Adjustment or Zoning Department may establish conditions to ensure that the project is completed in conformance with all county ordinances, assuring against erosion, sedimentation, and pollution.
5) Property owners, builders, and contractors are primarily responsible for code compliance and reasonable care in compliance.

On the space below or a separate sheet, provide a sketch (plot plan) **of the parcel(s) in question including:**
(please indicate the distances in feet)

Existing buildings	_____	feet	Public roads	_____	feet	Bodies of water	_____ feet
Existing/proposed wells	_____	Feet	Lot lines	_____	feet	Septic systems	_____ feet

Also, include the amount and location of fill indicated by inches or feet within the area to be filled and location of any proposed shore protection with the OHWM (Ordinary High Water Mark) identified.
Please use accurate dimensions for all existing buildings as well as proposed new construction. Failure to fully complete the application or plot plan will result in a delay in processing your application. If you have any questions, please contact the Zoning Department at 608-685-6218 for assistance.

Fees are effective January 27, 2015
FEES: **$450** Special Exception

Make checks payable to: **Buffalo County Treasurer**
Return Completed application to: **Buffalo County Zoning Department, P.O. Box 492, Alma, WI 54610**

Office Use Only:			
Cutting >30 ft. within 35 ft. of OHWM	☐ yes ☐ No	Filling/grading on slopes >20%	☐ yes ☐ No
Filling/grading >1000 sq. ft. on slopes 12-20%	☐ yes ☐ No	Filling/grading >200 sq ft on slopes <12%	☐ yes ☐ No
Soil Classification(s): _____		Misc.: _____	
WI DNR Application Date: _____		US Army Corp Application Date: _____	
Approved: ☐ yes ☐ No ☐ Hand Delivered ☐ Mailed ☐ Emailed Date Approved: _____ **Approved By:** _____			