

**AFFIDAVIT FOR TREATING IMPERVIOUS SURFACES**

**(Black ink only)**

This agreement is made by the owner(s) of and for the following described parcel of land in Oneida County, Wisconsin.	
Parcel Identification Number (PIN)	Affidavit date
Owner(s)	
I/We owner(s) having full ownership of the property described below, do hereby execute this document and is binding on current owners, heirs, assignees and transferees. (Provide complete legal description. Attach a second sheet if additional space is required.)	
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Return document to (name & address):	

I/We have obtained a Zoning Permit from the Oneida County Planning and Zoning Department. In accordance with the shoreland protection provisions of Chapter 9, Article 9, Section 9.94(F) of the Oneida County Zoning and Shoreland Protection Ordinance and NR 115.05(1)(e)3m and §59.692(1k)(am)1, Wis. Stats., I/we have agreed to provide documentation meeting those provisions listed as exemptions from the impervious surface standards.

To qualify for the statutory exemption, property owners shall submit a complete permit application that is reviewed and approved by the county. The application shall include the following:

1. Calculations showing how much runoff is coming from the impervious surface area.
2. Documentation that the runoff from the impervious surface is being treated by a proposed treatment system, treatment device or internally drained area.
3. An implementation schedule and enforceable obligation on the property owner to establish and maintain the treatment system, treatment devices or internally drained area. The enforceable obligations shall be evidenced by an instrument recorded in the office of the Register of Deeds prior to the issuance of the permit.

Note: The provisions in section 9.94(F) are an exemption from the impervious surface standards and as such should be read and construed narrowly. As such, a property owner is entitled to this exemption only when the runoff from the impervious surface is being treated by a sufficient (appropriately sized) treatment system, treatment device or internally drained. Property owners that can demonstrate that the runoff from an impervious surface is being treated consistent with section 9.94(F) will be considered pervious for the purposes of implementing the impervious surface standards in this ordinance. If a property owner or subsequent property owner fails to maintain the treatment system, treatment device or internally drained area, the impervious surface is no longer exempt under section 9.94(F).

**Establish the above listed provisions by project completion or expiration of Zoning Permit, whichever occurs first.**

I/We further acknowledge and agree to the following:

1. If I/we or any other subsequent owner of this parcel fail(s) to maintain the treatment system, treatment device, or internally drained area, the impervious surface is no longer exempt.
2. The documentation described above shall be filed with the Oneida County Planning and Zoning Department and any material deviation from said plan, without prior approval of the department, shall result in the rescinding of the Zoning Permit obtained through this agreement.
3. Upon sale of the property, I/we will inform the buyer that this agreement exists.
4. I/We have been informed that failure to comply with this agreement will result in enforcement action and penalties.
5. I/We understand that this document is entered into voluntarily as part of the Zoning Permit application.
6. I/We assume responsibility for the above said project. The undersigned hereby grants Oneida County permission to enter upon and inspect the property as needed.

\_\_\_\_\_

(Owner's signature)

\_\_\_\_\_

(Print name)

\_\_\_\_\_

(Owner's signature)

\_\_\_\_\_

(Print name)

Subscribed and sworn to before me on this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_ the above named

\_\_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

This document drafted by: \_\_\_\_\_