

PARCEL ID# \_\_\_\_\_

## ONEIDA COUNTY SHORELAND MITIGATION PLAN

Owner's last name:	First:	MI:
Mailing address:		
City:	State:	Zip:
Telephone number: ( ) -		E-mail:

**PROPERTY INFORMATION**

Section:	Township:	Range:	Acres:
Legal description (¼ ¼ , Gov't Lot, CSM)			
Subdivision and lot #:			
Site address and directions to property:			

A copy of the mitigation plan shall be signed by the property owner, approved and filed with the Planning and Zoning Department and an affidavit must be recorded with the Register of Deeds office prior to issuance of the zoning permit. Furthermore, mitigation plans shall be completed with two years of issuance of the related zoning permit.

**MITIGATION REQUIREMENTS FOR PROPERTIES EXCEEDING THE IMPERVIOUS SURFACE REQUIREMENTS OF SECTION 9.94(F)(4)**

Mitigation requirements for properties when development exceeds 15% of impervious surface but not more than 30% impervious surface shall be required to utilize one of the following treatment systems in order to offset the impacts of the impervious surface being permitted.

- |                             |                                       |
|-----------------------------|---------------------------------------|
| 1. Buffer strips            | 8. Rain gardens                       |
| 2. Constructed wetlands     | 9. Rain harvesting systems            |
| 3. Depressed pervious area  | 10. Vegetated filter strips           |
| 4. Extended detention ponds | 11. Vegetated swales/grassed channels |
| 5. Infiltration basins      | 12. Wet detention ponds               |
| 6. Infiltration trenches    | 13. Wet retention ponds               |
| 7. Infiltration tubes       |                                       |

**MITIGATION REQUIREMENTS FOR LATERAL EXPANSION OF NONCONFORMING PRINCIPAL STRUCTURES AND RELOCATION OF NONCONFORMING PRINCIPAL STRUCTURES**

The property owner shall choose and implement two of the following to meet the mitigation requirements for lateral expansion within the setback and three of the following to meet the mitigation requirements for relocation of a nonconforming structure.

1. Removal of an accessory structure located less than 75 feet from the OHWM.
2. Installation of a rain garden.
3. Installation of one of the impervious surface treatment options under 9.96(E).
4. Removal of an existing beach.
5. Increase depth of 35 foot vegetative buffer to 50 feet (active or passive restoration).
6. Reduce view corridor width to 25% of the shoreline frontage.

7. Establish a buffer zone at least ten feet (10') wide extending along each side lot line for a depth of at least seventy five feet (75') from the ordinary high water mark. Buffers shall be planted or restored and maintained with vegetation native to the area to the fullest practicable extent possible.
8. POWTS. The associated private onsite wastewater treatment system must be evaluated and upgraded as appropriate in compliance with SPS 383, Wis. Administrative Code. (Note: If a septic system installed after July 1980 was evaluated within three years and maintenance is up to date a new evaluation will not be required. Septic systems installed prior to July 1980 are required to complete the Existing POWTS Evaluation/Maintenance Initiation Form. )
9. Establish a buffer zone at least 35 feet from and parallel to the ordinary high water mark. The buffer shall be planted or restored and maintained with vegetation native to the area to the fullest practicable extent possible.

**☐ MITIGATION REQUIREMENTS FOR OPEN SIDED AND SCREENED STRUCTURES SUCH AS GAZEBOS, DECKS, PATIOS AND SCREEN HOUSES IN THE SHORELAND SETBACK AREA THAT SATISFY THE REQUIREMENTS IN §59.692(1v), WIS. STATS.**

Shall preserve and/or establish a 37.5 foot vegetative buffer zone. A buffer zone at least 37.5 feet from and parallel to the ordinary high water mark shall be planted and restored and maintained with vegetation native to the area to the fullest practicable extent possible.

I, the undersigned, assume responsibility for the above said project. The undersigned hereby grants Oneida County permission to enter upon and inspect the property as needed.

\_\_\_\_\_  
Print name of property owner

\_\_\_\_\_  
Signature of property owner

**FOR OFFICE USE ONLY**

Conditions of approval:	
Plan approved by:	Date approved:

**PROVIDE SITE PLAN OR ATTACH A SHEET 11"x17" OR SMALLER IN SIZE**

