

# TOWN BOARD RECOMMENDATION – **CONDITIONAL USE** (aka: TBA)

B

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Web Site available:  
[www.bayfieldcounty.org/147](http://www.bayfieldcounty.org/147)

Date Zoning Received: (Stamp Here)

**RECEIVED**

MAR 15 2022

Bayfield Co.  
Planning and Zoning Agency

**Applicants must give this (Pink) form to the Planning and Zoning Department with their application.** Planning and Zoning Dept. must send form and copy of application to the Town Clerk. (It is requested that Board of Adjustment & Zoning Committee public hearing(s) and agenda item(s) receive Town Board's position **prior** to consideration of application.)

**THIS FORM MUST BE MAILED TO TOWN CLERK – BY ZONING DEPT.**

Property Owner Scott Huck <sup>Sherry Huck, Phil Huck, Lisa Huck</sup> Contractor 54844

Property Address 16930 St. Hwy 13 Authorized Agent \_\_\_\_\_

Agent's Telephone \_\_\_\_\_

Telephone 715-774-3189 Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

NE 1/4 of NE 1/4, Section 3, Township 50 N., Range 7 W. Town of Clover <sup>25 Acres</sup>

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D.# 11335 Acreage 25

Additional Legal Description: Less that part lying East of the center of St. Hwy 13

Applicant: (State what you are asking for) Request is for the placement of over 3 RVs (7 developed RVs) on a property Zoning District: Ag1 Lakes Classification: 3

We, the Town Board, TOWN OF Clover, do hereby recommend to

☒ Table to App. Comm. for

☐ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: This **question** applies to Planning & Zoning Committee Applications only; it **does not apply** to Board of Adjustment Applications ☒ Yes ☐ No

**Township:** (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

table for one month so clover TPC can look at this  
reviewed

**\*\* THE FOLLOWING MUST BE INCLUDED WITH THIS FORM:**

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The **Pink** form returned to Zoning Department **not a copy or fax**

**\*\* NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Created: July 2018

Signed:

Chairman: Dale Sella

Supervisor: Sheryl Lukens

Supervisor: Jack Omick

Supervisor: Pat St

Clerk: Wendy Gillespie

Date: 3/9/2022



DEC 20 2021

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co.  
Planning and Zoning Agency

Other:

Refund:

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input checked="" type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Sherry Huyck</u> <u>Phillip Huyck</u> <u>Lisa Huyck</u>	Mailing Address: <u>16930 St. Hwy 13</u> City/State/Zip: <u>Herbst, WI 54844</u>
Address of Property: <u>16930 St. Hwy 13</u>	City/State/Zip: <u>Herbst, WI 54844</u>
Email: (print clearly) <u>sherryhuyck@gmail.com</u>	Telephone: <u>715-744-8189</u> Cell Phone: <u>715-558-1033</u>
Contractor: <u>[Signature]</u>	Contractor Phone: <u>[Signature]</u> Plumber: <u>[Signature]</u> Plumber Phone: <u>[Signature]</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>[Signature]</u>	Agent Phone: <u>[Signature]</u> Agent Mailing Address (include City/State/Zip): <u>[Signature]</u> Written Authorization Required (for Agent) <input checked="" type="checkbox"/>
PROJECT LOCATION: <u>NE 1/4, SE 1/4</u> <u>less East of Hwy 13</u>	Legal Description: (Use Tax Statement) <u>11335</u> Recorded Document: (Showing Ownership) <u>2004R 491511</u>
Section <u>3</u> , Township <u>50</u> N, Range <u>7</u> W	Town of: <u>Clover</u> Lot Size: <u>25</u> Acres

<input checked="" type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ use application	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Wheels</u>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> <u>RVs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
<input type="checkbox"/> Municipal Use		with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Conditional Use: (explain) <u>Placement of over 5 RVs (7)</u>	( X )	
	Other: (explain) _____	( X )		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12-16-21

Authorized Agent: [Signature] (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_



(2) Show / Indicate: **North (N)** on Plot Plan

(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)

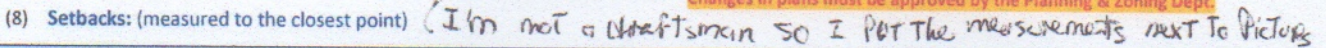
(4) Show: **All Existing Structures** on your Property

(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**

(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**

(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

**Fill Out in Ink – NO**



(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:		Permit Date:		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) _____ <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) _____ <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____ <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	Was Property Surveyed	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Inspection Record:			Zoning District ( #6-1 ) Lakes Classification ( 3 )	
Date of Inspection:		Inspected by:		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				



Meeting Date: \_\_\_\_\_

## APPLICATION FOR CONDITIONAL USE PERMIT

DEC 20 2021

Bayfield County Planning and Zoning Dept.  
 P.O. Box 58 – Washburn, WI 54891  
 Phone – (715) 373-6138  
 Fax – (715) 373-0114  
 e-mail: zoning@bayfieldcounty.org

Bayfield Co.  
 Planning and Zoning Agency

Lakes Class 03  
 Notices Sent \_\_\_\_\_  
 Fee Paid \$350.00 12/24/21  
 Online \$350.00 ATF ✓

\*\* Please consult AZA/ Zoning prior to submitting this appl. \*\*

The Undersigned hereby requests a Conditional Use Permit as follows:

Property Owner Bert & Sherry Huyck <sup>Philip Huyck, Lisa Huyck</sup> Contractor \_\_\_\_\_  
 Property Address 16930 St. Hwy 13 Authorized Agent \_\_\_\_\_  
Newboston, WI 54844 Agent's Telephone \_\_\_\_\_  
 Telephone 715-274-3189 Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify only the property involved with this application)

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#:
		<u>11335</u>
<u>N3/4</u> <u>NE</u> 1/4, <u>SE</u> 1/4, of Section <u>3</u> , Township <u>50</u> N, Range <u>7</u> W	Town of:	Lot Size
<u>Less that part lying East of the center of St. Hwy 13</u>	<u>Clover</u>	<u>25</u>
Gov't Lot	Lot #	CSM #
		<u>891</u>
Vol. Page	Lot(s) No.	Block(s) No.
<u>767</u>		
Subdivision:		

Description from Classification List \* Section 13-1-28(d)(2)(d) Placement/Storage of more than 3 units

Briefly state what is being requested and why: Our OUTbuilding was destroyed - burned in May 20. Our insurance didn't cover a rebuild so after talking to Todd we elected to replace some of the space with campers and a used construction site office so our kids & grandkids could have a place to stay when visiting, my wife has many health problems and we are currently and for the foreseeable future her in Herbsburg and the only way she can see her family is to have these Trailer/campers for the kids - To deny this request esp. during the Covid crisis is to break a sick woman's heart & will to live. It must be approved.

THE FOLLOWING "MUST" BE INCLUDED WITH THIS APPLICATION (or will be returned for completion):

1. Completed Bayfield County Application for Permit (8 1/2 x 14)
2. Pink Form with applicants portion filled out (**Do Not Send or Give to Town Clerk**)
3. Appropriate Fees – (1) Committee (\$350); (2) County (see fee schedule); and (3) (\$30) check payable to: Reg. of Deeds
4. Copy of your Deed; Copy of Current Tax Statement; and Copy of Flex Viewer (Map)
5. Plot Plan (show the area involved, its location, dimensions and location of adjacent property owners)
6. Adjoining property owners names/addresses (see reverse side of this form)

**PINK FORM:** Property Owner must send **TOWN BOARD RECOMMENDATION** (aka: TBA) to Zoning Office at the time of application deadline. (This form will be sent by the Zoning Department to the Town Clerk for their recommendation).

## ★ ★ Note:

Receiving Zoning Committee approval, does not allow the start of business or construction, you must first obtain your permit(s) from the Zoning Department.



## LIST ADJACENT PROPERTY OWNERS ON THIS FORM:

Provide names and full addresses of the owners of all property abutting the applicant's property.  
(Note: Applicant is solely responsible for obtaining accurate, current names and addresses.)

Attach separate sheet only if additional space is needed.

(1) Other Side of (2) Other side Toward (3) Across 13 "Paper  
Nicoletti - a vacant house that should be torn down Herbster - vacant land Land"


(4) Toward Lake Superior (5) \_\_\_\_\_ (6) \_\_\_\_\_  
vacant land

In other words, no neighbors & no one who could  
(7) possibly care (8) what we have (9) as far as camps  
on our land.

(10) \_\_\_\_\_ (11) \_\_\_\_\_ (12) \_\_\_\_\_

Have you consulted with an AZA and/or Zoning Dept. prior to applying for permit? Yes ( ) No ( )

All Structures involved with this application will require an individual land use application and fee

  
Steve Hval  
Property Owner's Signature  
(All owners' must sign)

Agent's Signature

Agent's Address

16930 ST. HWY 13

12-16-21

Date

Herbster, WI, 54844

Property Owner's Mailing Address

Website Available  
[www.bayfieldcounty.org/147](http://www.bayfieldcounty.org/147)



DEPT OF TRANSPORTATION STATE OF  
WISCONSIN  
1701 N 4TH ST  
SUPERIOR, WI 54880-1068

THOMAS G & KATHLEEN A O'CONNELL  
7333 OAKLAWN AVE  
EDINA, MN 55435

SHIRLEY, TED & RYAN, ELISABETH  
4 PACKET ROAD  
RANCHOS PALOS VERDES, CA  
90275

CLARE MARIE HELEN HINTZ  
16550 NICOLETTI RD  
HERBSTER, WI 54844

WENDLER, LEONARD M JR & GRAY,  
PHYLLIS E  
4710 RIVER RD  
RHINELANDER, WI 54501

BURTON L & SHERRY L HUYCK  
16930 ST HWY 13  
HERBSTER, WI 54844

MARK E BEEKSMA  
1940 INCA LN  
NEW BRIGHTON, MN 55112

ROBERT F & PAULA T FETTERS  
1208 ST RT 511 N  
ASHLAND, OH 44805

MATTHEW A & TRYST M  
ANDERSON  
1471 140TH ST  
NEW RICHMOND, WI 54017

ARLENE M NICOLETTI  
17035 ST HWY 13  
HERBSTER, WI 54844



B

Deb Kmetz

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**From:** THOMAS O'CONNELL <oconnellgang@comcast.net>  
**Sent:** Friday, March 11, 2022 11:01 PM  
**To:** Zoning  
**Subject:** March 17th Bayfield county planning and zoning committee public hearing with regards to Agenda item 6b - After the fact placement of 8 campers

To whom it may concern,

I understand there is a request for an after-the-fact (ATF) conditional use permit to continue to have more than 3 RV's on a parcel from Burton and Sherry Huyck, and have requested to have up to 8. I don't think this should be approved as it degrades the nature of the property and intent of the Ag-1 zoning. It also devalues the neighborhood, and takes away from the rural nature and beauty of the forested land. I respectfully encourage the committee to **NOT approve** this request.

Tom and Kathy O'Connell  
Adjacent property owners



# House Dimensions (Garage no longer on property)



2/15/2022, 8:43:25 AM

Wetlands

Rivers

Meander Lines

Approximate Parcel Boundary

Section Lines

Municipal Boundary

All Roads

State

Building Footprint 2009-2015

Existing

New

Driveways

Buildings

1:783

0 0.01 0.01 0.03 0.03 0.06 km

0 0.01 0.01 0.03 0.03 0.06 km

Bayfield



# Real Estate Bayfield County Property Listing

Today's Date: 4/6/2022

Property Status: **Current**

Created On: 3/15/2006 1:15:11 PM



## Description

Updated: 5/9/2016

**Tax ID:** 11335  
**PIN:** 04-014-2-50-07-03-4 01-000-10000  
**Legacy PIN:** 014102110000  
**Map ID:**  
**Municipality:** (014) TOWN OF CLOVER  
**STR:** S03 T50N R07W  
**Description:** N 3/4 NE SE IN V.891 P.767 176 IM 2004R-491511  
**Recorded Acres:** 25.000  
**Calculated Acres:** 23.688  
**Lottery Claims:** 0  
**First Dollar:** Yes  
**Zoning:** (AG-1) Agricultural-1  
**ESN:** 109



## Tax Districts

Updated: 3/15/2006

1 STATE  
04 COUNTY  
014 TOWN OF CLOVER  
044522 SCHL-SOUTHSHORE  
001700 TECHNICAL COLLEGE



## Recorded Documents

Updated: 3/15/2006

### WARRANTY DEED

Date Recorded: 5/20/2004

2004r-491511 891-767

### CONVERSION

Date Recorded:

491511 679-331;891-767



## Ownership

Updated: 5/9/2016

**BURTON L & SHERRY L HUYCK**

HERBSTER WI

### Billing Address:

**BURTON L & SHERRY L HUYCK**  
16930 ST HWY 13  
HERBSTER WI 54844

### Mailing Address:

**BURTON L & SHERRY L HUYCK**  
16930 ST HWY 13  
HERBSTER WI 54844



## Site Address \* indicates Private Road

16930 STATE HWY 13

HERBSTER 54844



## Property Assessment

Updated: 7/30/2018

### 2022 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	10,000	69,900
G5-UNDEVELOPED	12.000	3,600	0
G6-PRODUCTIVE FOREST	12.000	12,000	0

### 2-Year Comparison

	2021	2022	Change
<b>Land:</b>	25,600	25,600	0.0%
<b>Improved:</b>	69,900	69,900	0.0%
<b>Total:</b>	95,500	95,500	0.0%



## Property History

N/A