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# TOWN BOARD RECOMMENDATION - CONDITIONAL USE (aka: TBA)

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

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 Curt Huck <sup>Sheryl Huck, Lisa Huck, Phil Huck</sup> Contractor 54844

Property Address 16930 St. Hwy 13 <sup>Hubster WI</sup> 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) Zoning District: Ag1 Lakes Classification: 3

Request is for the placement of over 3 RVs (7 developed RVs) on a property

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

Table to App. Comm. 3/15/22  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 Huck

Supervisor: Lisa Huck

Supervisor: Phil Huck

Clerk: Wacey Gillespie

Date: 3/9/2022



DEC 20 2021

Bayfield Co.  
Planning and Zoning Agency

Other:	
Refund:	

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

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 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 Phillip Huyck Lisa Huyck</u>			Mailing Address: <u>16930 St. Hwy B</u>			City/State/Zip: <u>Herbst WI 54844</u>		Telephone: <u>715-74-3189</u>																																		
Address of Property: <u>16930 St. Hwy B</u>			City/State/Zip: <u>Herbst, WI 54844</u>			Cell Phone: <u>715-958-103</u>																																				
Email: (print clearly) <u>sherryhuyck@gmail.com</u>																																										
Contractor: <input checked="" type="checkbox"/>			Contractor Phone: <input checked="" type="checkbox"/>		Plumber: <input checked="" type="checkbox"/>		Plumber Phone: <input checked="" type="checkbox"/>																																			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <input checked="" type="checkbox"/>			Agent Phone: <input checked="" type="checkbox"/>		Agent Mailing Address (include City/State/Zip): <input checked="" type="checkbox"/>		Written Authorization Required (for Agent) <input checked="" type="checkbox"/>																																			
PROJECT LOCATION		Legal Description: (Use Tax Statement)			Tax ID# <u>11335</u>		Recorded Document: (Showing Ownership) <u>2004R 491511</u>																																			
<table border="1"> <tr> <th>Gov't Lot</th> <th>Lot(s)</th> <th>CSM</th> <th>Vol &amp; Page</th> <th>CSM Doc #</th> <th>Lot(s) #</th> <th>Block #</th> <th>Subdivision:</th> </tr> <tr> <td><u>NE 1/4, SE 1/4</u></td> <td></td> <td></td> <td><u>891 707</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8">Section <u>3</u>, Township <u>50</u> N, Range <u>7</u> W</td> </tr> <tr> <td colspan="7">Town of: <u>Clover</u></td> <td>Lot Size</td> <td>Acreage <u>25</u></td> </tr> </table>										Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #	Subdivision:	<u>NE 1/4, SE 1/4</u>			<u>891 707</u>					Section <u>3</u> , Township <u>50</u> N, Range <u>7</u> W								Town of: <u>Clover</u>							Lot Size	Acreage <u>25</u>
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<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input 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
<u>\$ use application</u>	<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>Wetlands</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"/> <u>Use</u>	<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"/> <u>Year Round</u>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

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) am (are) consenting 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)

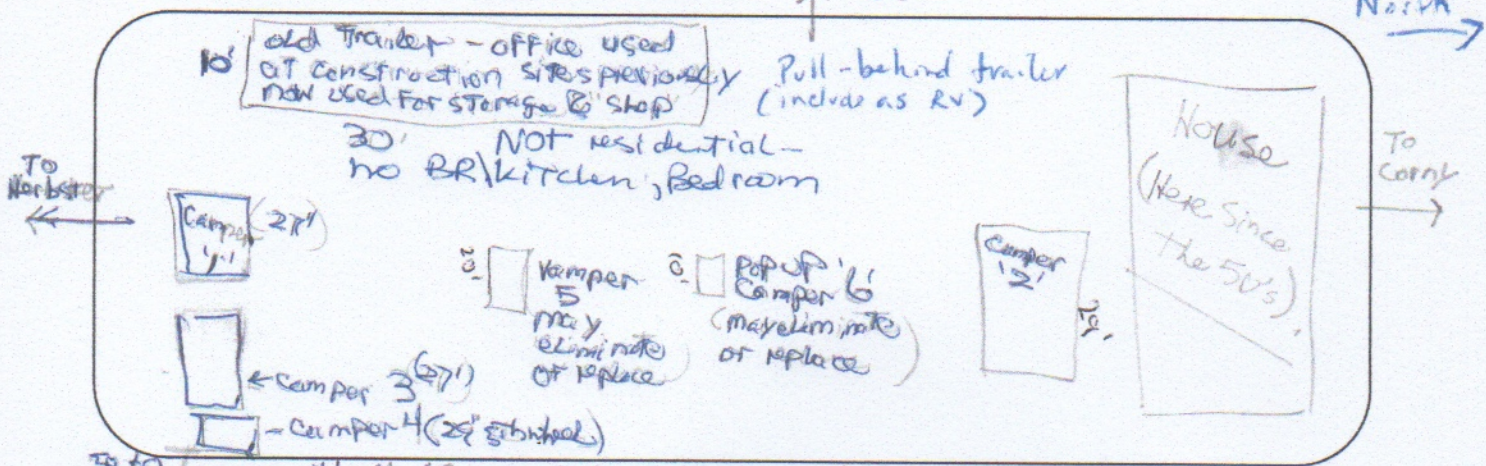
Date 12-16-21

Authorized Agent: \_\_\_\_\_ (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%



Please complete (1) - (7) above (prior to continuing) is 50 to 60 feet (From Camper closest to Hwy 13 to the Hwy)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point) (I'm not a draftsman so I put the measurements next to picture)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	275 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	225 Feet	Setback from the River, Stream, Creek	80+ Feet
Setback from the North Lot Line	566 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	380 Feet	Setback from Wetland	73 Feet
Setback from the West Lot Line	590 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	225 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	? Feet	Setback to Well	— Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

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

**NOTICE(s):** 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.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all-necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

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



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

**APPLICATION FOR CONDITIONAL USE PERMIT**

DEC 20 2021

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

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P.O. Box 58 – Washburn, WI 54891  
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e-mail: zoning@bayfieldcounty.org

Bayfield Co.  
Planning and Zoning Agency

**\*\* 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, Wis. 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>	Town of: <u>Clover</u>	Lot Size	Acreage
<u>N3/4</u>	<u>NE 1/4, SE 1/4, of Section 3, Township 50 N, Range 7 W</u> <u>Less that part lying East of the center of St. Hwy 13</u>				<u>25</u>
Gov't Lot	Lot #	CSM #	Vol. Page <u>891</u>	Lot(s) No.	Block(s) No.
			<u>767</u>		

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 didnt 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 & grand kids 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 womans 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.



