

Village of Sister Bay 2383 Maple Drive • Sister Bay, WI 54234 PHONE: (920) 854-4118 • FAX: (920) 854-9637 E-MAIL: INFO@SISTERBAYWI.GOV

WEB SITE: WWW.SISTERBAYWI.GOV

▼ THIS AREA FOR OFFICE USE ONLY ▼			
Account No.	Permit Issued Date		
Fee Amount Paid:	Receipt #:		

Driveway Permit

NAMES & MAILING ADDRESSES	PROPERTY DESCRIPTION			
Applicant (Agent)	Parcel Identification Number (PIN)			
	181-			
Street Address	Subdivision or CSM (Volume/Page/Lot)			
City • State • Zip Code	Address Of Property (DO NOT Include City/State/ZipCode)			
Property Owner (If different from applicant)	Is this property connected to public water? ☐ No ☐ Yes			
Street Address	Is this property connected to public sewer? ☐ No ☐ Yes			
City • State • ZipCode				
CURRENT PROPERTY USE	PROPOSED PROPERTY USE			
☐ Vacant Property ☐ Single-Family Residence ☐ Working Farm ☐ Business, Commercial ☐ Other ☐ Other	□ Vacant Property □ Single-Family Residence □ Multi-family/Condo □ Business Commercial □ Other			
PROPOSED PROJECT				
Type of Construction	Project Details			
(Please check/complete ALL that apply below)	☐ Primary Driveway Width at edge of pavement			
☐ Home ☐ Pool ☐ Commercial	Width at right of way line			
☐ Fence ☐ Single ☐ Attached Garage family	☐ Secondary Driveway Width at edge of pavement			
☐ Deck ☐ Multi-family ☐ Detached Garage	Width at right of way line			
☐ Shed ☐ Boathouse ☐ Addition (Describe below)	Type of surface material within the right of way			
□ Other				
Is there a ditch or drainage swale in the area where the driveway would enter the roadway? ☐ Yes ☐ No	Do any of the abutting properties have driveway culverts? ☐ Yes ☐ No			
If you answer yes to either question the driveway permit request will be reviewed by the Village Engineer for storm drainage purposes.				
Please complete the site plan on the attached sheet.				
☐ I agree to mark or stake out the location of the proposed project on the site.				
CERTIFICATE				
I, the undersigned, hereby apply for a Land Use Permit and certify that all the information both above and attached is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with the Sister Bay Zoning Code and with all other applicable laws and regulations. I hereby authorize the Zoning Administrator to enter the above-described property for purposes of obtaining information pertinent to my application request and to conduct land use code inspections.				
Signature	Date			
Daytime Contact Number ()	Email			

SITE PLAN

INSTRUCTIONS

- INDICATE north and ENTER the dimensions of the property.
- SKETCH the location of the well, septic system (tank/field) and all other buildings present on the property.
- SKETCH the location of the proposed project (include dimensions) and SHOW the shortest distance from the project to the:
 - Ditches
 - Adjacent Buildings
- Drainage swales
- Rear & Side Property Lines
- Edge Of Lake/Stream/Wetland Center(line) of Road/Highway
 - Right-of-Way of Road/Highway

NOTE: When showing distances less than 300 feet, please measure and show distance to the "nearest foot" (do not estimate). Distances over 300 feet, may be estimated.

- LABEL all abutting roads, highways, lakes, streams or wetlands.
- LABEL the "USE" of all buildings shown.
- > SHOW the outside dimensions of all structures on the property.

Name Of Road/Highway _

Mark driveway location and length and width on site plan.



Width	Width Rear property line OR Edge of water or wetland			
Side Property Line		(North Arrow)		
	▲ Right-of-Way Line of Road/Highway ▲	Width		

APPROVALS

▼ Area Below This Line For Office Use Only ▼				
PLAN COMMISSION ACTION				
Date Of Decision		Decision		
Zoning District	Zoning Administrator			
Overlay District	rlay District Date			
▼ Area Below This Line for Office Use Only ▼				
Road/Highway Designation	Existing Right-Of-Way	Required Road/Highway Setback	Maximum Lot Coverage Allowed	
☐ Village ☐ US/State		From Right-of-Way	Existing Proposed	
☐ County ☐ Private		From Centerline	Aggregate	