

Document Number	SHORELAND VEGETATION AFFIDAVIT
Document Title	

\_\_\_\_\_ (“Affiant,”  
whether one or more), being first duly sworn on oath, states as follows:

Affiant has made application to Manitowoc County for a Zoning Permit for the installation or construction of a structure in the “shoreland setback area” (as defined in the Manitowoc County Code) on the following property, hereinafter the “Property”:

Recording Area
Name and Return Address

Parcel Identification Number (PIN)

Affiant acknowledges and agrees that Affiant is the owner of the above described Property and the following conditions were imposed as a condition to issuance of Zoning Permit No. \_\_\_\_\_, hereinafter the “Permit,” which authorized the installation or construction of a structure in the shoreland setback area on the Property:

1. Affiant must conform to all applicable requirements of the Manitowoc County Shoreland Ordinance regarding shoreland vegetative buffer establishment, restoration, enhancement and/or preservation that are in effect as of the date of this Affidavit and are attached hereto as *Exhibit A*.
2. Manitowoc County Planning and Zoning staff may enter onto the Property: 1) to inspect the structure(s) conditionally authorized by the Permit; and 2) to determine if the shoreland vegetative buffer has been established, restored, enhanced and/or preserved as required by the Permit.
3. Manitowoc County may revoke the Permit and order removal of the structure(s) conditionally authorized by the Permit, if upon inspection the shoreland vegetative buffer has been removed, destroyed, degraded, reduced in size below the minimal requirement, or is incomplete. Said shoreland vegetative buffer shall remain and be preserved upon this property in perpetuity.
4. The conditions contained in the Permit are binding upon Affiant and his/her/their heirs, successors, and assigns.
5. The Permit is not valid until this Affidavit has been recorded with the Manitowoc County Register of Deeds and a copy of the recorded Affidavit has been provided to the Manitowoc County Planning and Zoning Department.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

STATE OF WISCONSIN     )  
  ) SS  
COUNTY OF MANITOWOC )

Signed and sworn to before me on \_\_\_\_\_  
by the above named \_\_\_\_\_  
\_\_\_\_\_

by: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public, State of Wisconsin

My commission (is permanent)/(expires \_\_\_\_\_)

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

AFFIANT(S)

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_