

## OUTDOOR ADVERTISING VEGETATION MANAGEMENT CHECKLIST

For use in management of *DT1812 Application/Permit to Work on Highway Right of Way*  
to Alter Highway Vegetation that Obstructs a Sign Face, under 84.305, Stats.

OASIS No. 16043 Completion Date \_\_\_\_\_ Owner Clear Channel Highway 94 County Waukesha Owner's No. 31565 Face EF

### BEFORE PERMIT IS ISSUED

#### A. BHM (OA staff to complete)

Name of person completing these tasks: Jenny Harmon, Date 5/28/14

1. Yes ☒ No ☐ BHM-OA staff notified when application is received
2. Yes ☒ No ☐ Permit application contains information required in the *Applicant Checklist*. Return if incomplete
3. Yes ☒ No ☐ *OAVM Checklist* (top line filled-out) region notified to complete lines 10-19 below within two weeks
4. Yes ☒ No ☐ Application added to spreadsheet.
5. Yes ☒ No ☐ Database comment added to OASIS
6. Yes ☒ No ☐ BHM-OA file created containing the following documents:
  - a. A COPY of the permit as submitted
  - b. Single view report from the OASIS database
  - c. Photolog shots taken at 1000', 750', 500', and 250'
  - d. Any other relevant information
7. Yes ☒ No ☐ Scan documents into one folder in SharePoint and notify Landscape Architect Consultant FTP
8. Yes ☒ No ☐ Verify annual fee payments are current and fees have been paid for 5 or more years (except on-premise)  
2011 fee unpaid - email sent to Jerry Falvey
9. Yes ☒ No ☐ Verify vegetation removal is not part of documented living snow fence
10. Yes ☐ No ☐ Review the region's *Checklist* responses to confirm the sign is legal. Check BHM records
11. Yes ☒ No ☐ Add date due dates; under sections B, C, and in step 40 on this checklist and notify region and landscape architect consultant that section A. is completed

#### B. REGION (regional sign coordinator to complete by DATE: 6/10/14)

Name of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

12. Yes ☐ No ☐ The sign and the sign site have been visited and closely examined for evidence of changes
13. Yes ☐ No ☐ The sign fully located on private property and does not encroach into highway right-of-way
14. Yes ☐ No ☐ Database photos, taken on-site, are complete and current
15. Yes ☐ No ☐ Category: \_\_\_\_\_ Status \_\_\_\_\_ The sign meets all the requirements of its category  
(OFF, ONP, DIR, NC, GRF etc.) (Legal or ILL)
16. The current zoning of this land is \_\_\_\_\_ (Note source used to determine this.)
17. NA ☐ Yes ☐ No ☐ Search regional records, permits, photologs, and aerial photos to confirm sign's legality  
This sign has changed from when it became nonconforming or grandfathered [Lighting added, face is larger, new support structure, more or fewer posts than originally, etc.]
18. Yes ☐ No ☐ On-premise signs: The sign is on the building AND the building is within 100' of the right-of-way
19. Yes ☐ No ☐ A scenic easement or a deed restriction is in effect on this land
20. Yes ☐ No ☐ This highway is a designated scenic byway
21. Yes ☐ No ☐ This highway is scheduled for improvements. Project \_\_\_\_\_ Build Date \_\_\_\_\_
22. Yes ☐ No ☐ Notify BHM-OA Section B. is completed



**C. LANDSCAPE ARCHITECT CONSULTANT** (landscape architect consultant to complete by DATE: 6/26/14)

Name of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

22. Yes \_\_\_ No \_\_\_ The vegetation is part of a visual screen for a junkyard on or near the sign site
23. Yes \_\_\_ No \_\_\_ Submit cultural resources review to UW-Milwaukee for archeological and American Indian assessment  
(See the following website for details. <http://archaeolab.anthro.uwm.edu/OASIS/>)
- Submitted Date \_\_\_\_\_ Cleared Date \_\_\_\_\_
24. Yes \_\_\_ No \_\_\_ NA \_\_\_ Coordinate a endangered or threatened species review with WDNR if the sign is in Brown or Door Co.
- Submitted Date \_\_\_\_\_ Cleared Date \_\_\_\_\_
- WDNR Contact:  
Lisie Kitchel 101 S. Webster St.  
(608) 266-5248 phone Madison, Wisconsin 53707
25. Yes \_\_\_ No \_\_\_ Set up and attend removal site review with sign coordinator, certified arborist and sign owner  
Date \_\_\_\_\_
26. Yes \_\_\_ No \_\_\_ Vegetation history evaluated  
\_\_\_ Blocks glare from adjacent traveled way (headlight screen). Safety \_\_\_ Satisfies general aesthetics. Welfare  
\_\_\_ Creates wind or snow barrier (living snow fence). Safety \_\_\_ Screens a residence. Aesthetics
27. Yes \_\_\_ No \_\_\_ Evaluate 500' view window
28. Yes \_\_\_ No \_\_\_ Review removal site vegetation to determine species is listed as prohibited on the DNR's NR 40 invasive species list
29. Yes \_\_\_ No \_\_\_ Review ANSI standards for pruning, not removal
30. Yes \_\_\_ No \_\_\_ Review marked vegetation to be removed, use identification method from application [item 8. Applicant Checklist]
31. Yes \_\_\_ No \_\_\_ Photograph sign site from 1000', 750', 500', and 250' distances and other photos as needed
32. Yes \_\_\_ No \_\_\_ Confirm  $\geq 2$ " diameter vegetation that blocks the sign face, in the selected 500' view window
- Number of trees  $\geq 2$ " in diameter to be removed: \_\_\_\_\_  
Fee for  $\geq 2$ " in diameter trees to be removed: \$ \_\_\_\_\_  
(Number of trees to be removed x \$200.00)
33. Yes \_\_\_ No \_\_\_ Prepare report, proposed vegetation removal
34. Yes \_\_\_ No \_\_\_ Submit vegetation report to BHM Landscape Architects for approval

**D. BHM** (BHM landscape architect and BHM-OA Staff to complete)

Name of person(s) completing these tasks: BHM LA \_\_\_\_\_ BHM-OA \_\_\_\_\_

**AFTER LANDSCAPE ARCHITECT CONSULTANT COMPLETES CHECKLIST**

35. Yes \_\_\_ No \_\_\_ BHM landscape architect reviews and approves vegetation report
36. Yes \_\_\_ No \_\_\_ Outdoor advertising program provides final approval of vegetation report and permit decision to LA Consultant.  
Approval Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. LANDSCAPE ARCHITECT CONSULTANT** (landscape architect consultant to complete)

Name of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

**AFTER BHM VEGETATION REPORT APPROVAL AND PERMIT DECISION**

37. Yes \_\_\_ No \_\_\_ Coordinate decision letter, permit conditions, restrictions, contingencies, attachments.
38. Yes \_\_\_ No \_\_\_ Email decision letter to permit applicant. Include BHM LA, BHM OA, Region sign coordinator, and Region maintenance supervisor.
39. Yes \_\_\_ No \_\_\_ Email permit conditions, restrictions, contingencies and attachments to region sign coordinator to issue  
**1812 Work on Highway Right-of-Way permit**



**PERMIT IS ISSUED BY REGION**

**F. REGION** (regional sign coordinator or permit coordinator to complete)

Name of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

40. Yes \_\_\_ No \_\_\_ Receive notice from landscape architect consultant regarding permit determination

41. Yes \_\_\_ No \_\_\_ Issue permit for vegetation removal identified in vegetation report

42. Yes \_\_\_ No \_\_\_ Place on SharePoint approved permit and notify BHM-OA

Permit No. \_\_\_\_\_ Date Due \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEGETATION REMOVAL**

**G. REGION** (regional sign coordinator to complete)

Name of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

43. Yes \_\_\_ No \_\_\_ Schedule work with sign owner Date \_\_\_\_/\_\_\_\_/\_\_\_\_

44. Yes \_\_\_ No \_\_\_ Oversee vegetation removal and site restorations

45. NA \_\_\_ Yes \_\_\_ No \_\_\_ Document vegetation removals outside scope of permit

46. NA \_\_\_ Yes \_\_\_

47. Yes \_\_\_ No \_\_\_ Fill out close-out report below within 5 days of removal and notify landscape architect consultant  
Once close-out report is reviewed the sign company will be invoiced for removals

A. Date of work \_\_\_\_/\_\_\_\_/\_\_\_\_

B. Sign owner \_\_\_\_\_ and contractor \_\_\_\_\_

C. Yes \_\_\_ No \_\_\_ Does follow-up work remain. If yes what is the follow-up work \_\_\_\_\_  
\_\_\_\_\_

D. Date site was fully restored \_\_\_\_/\_\_\_\_/\_\_\_\_

E. Notable site conditions (rain, steep slope, access) \_\_\_\_\_

F. Equipment used \_\_\_\_\_

G. Yes \_\_\_ No \_\_\_ Were there permit violations. was work authorized beyond what was permitted; if so, describe and explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Total  $\geq 2$ " trees removed \_\_\_\_\_

I. How many  $\geq 2$ " trees were subject to the \$200 fee \_\_\_\_\_ (for invoice purposes)



**AFTER VEGETATION REMOVAL**

**H. LANDSCAPE ARCHITECT CONSULTANT (landscape architect consultant to complete)**

Name or initial of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

48. Yes ☐ No ☐ Review closeout report from Region. Date closeout report received: \_\_\_\_\_

49. Yes ☐ No ☐ Invoice sign owner for vegetation removed identified on closeout report, place on SharePoint, and notify BHM-OA

**I. BHM (BHM-OA staff to complete)**

Name of person completing these tasks: \_\_\_\_\_, Date \_\_\_\_\_

50. Yes ☐ No ☐ Invoiced for vegetation removed reviewed

51. Yes ☐ No ☐ Date payment received \_\_\_\_/\_\_\_\_/\_\_\_\_

Rev. Date: 05-15-2014

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