

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (Received)
 JUL 16 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-007
 Date: 7-27-12
 Amount Paid: \$125.00
 Refund: 7/17/12
 ENTERED

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.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Renate Hausser Mailing Address: 00 Box 1391 Bayfield, WI 54814 Telephone: 715-779-0121
 Address of Property: 87380 Betzold Rd City/State/Zip: Bayfield, WI 54814 Call Phone: 913-660-3471
 Contractor: Sean Cadotte Contractor Phone: 715-779-5039 Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, S10 1/4 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section 2, Township 50 N, Range 4 W Town of: Bayfield Lot Size: _____ Acreage: 40

Legal Description: (Use Tax Statement) 04-000-2-50-04-02-3-01-000-10000 PIN: (23 digits) _____
 Recorded Document: (i.e. Property Ownership) Volume 1063 Page(s) 981

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue \rightarrow
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue \rightarrow

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes NO
 Are Wetlands Present? Yes NO

| Value at Time of Completion * include donated time & material | Project (What are you applying for) | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| \$ <u>16,000</u> | <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property | <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement | <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic Tank</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: 70' Width: 29' Height: 20'
 Proposed Construction: Length: 14 2 1/2' Width: 8' Height: 20 1/2'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) | () () | () |
| | Residence (i.e. cabin, hunting shack, etc.) | () () | () |
| | with Loft | () () | () |
| | with a Porch | () () | () |
| | with (2 nd) Porch | () () | () |
| | with a Deck | () () | () |
| <input checked="" type="checkbox"/> Commercial Use | with (2 nd) Deck | () () | () |
| | Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | () () | () |
| | Mobile Home (manufactured date) | () () | () |
| | Addition/Alteration (specify) <u> ramp w/ driveway 2' width</u> | (<u>45</u>) (<u>16</u>) | (<u>728</u>) |
| | Accessory Building (specify) _____ | (<u>4</u>) (<u>20</u>) | (<u>80</u>) |
| | Accessory Building Addition/Alteration (specify) _____ | () () | () |
| | Special Use: (explain) _____ | () () | () |
| | Conditional Use: (explain) _____ | () () | () |
| | Other: (explain) _____ | () () | () |

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.

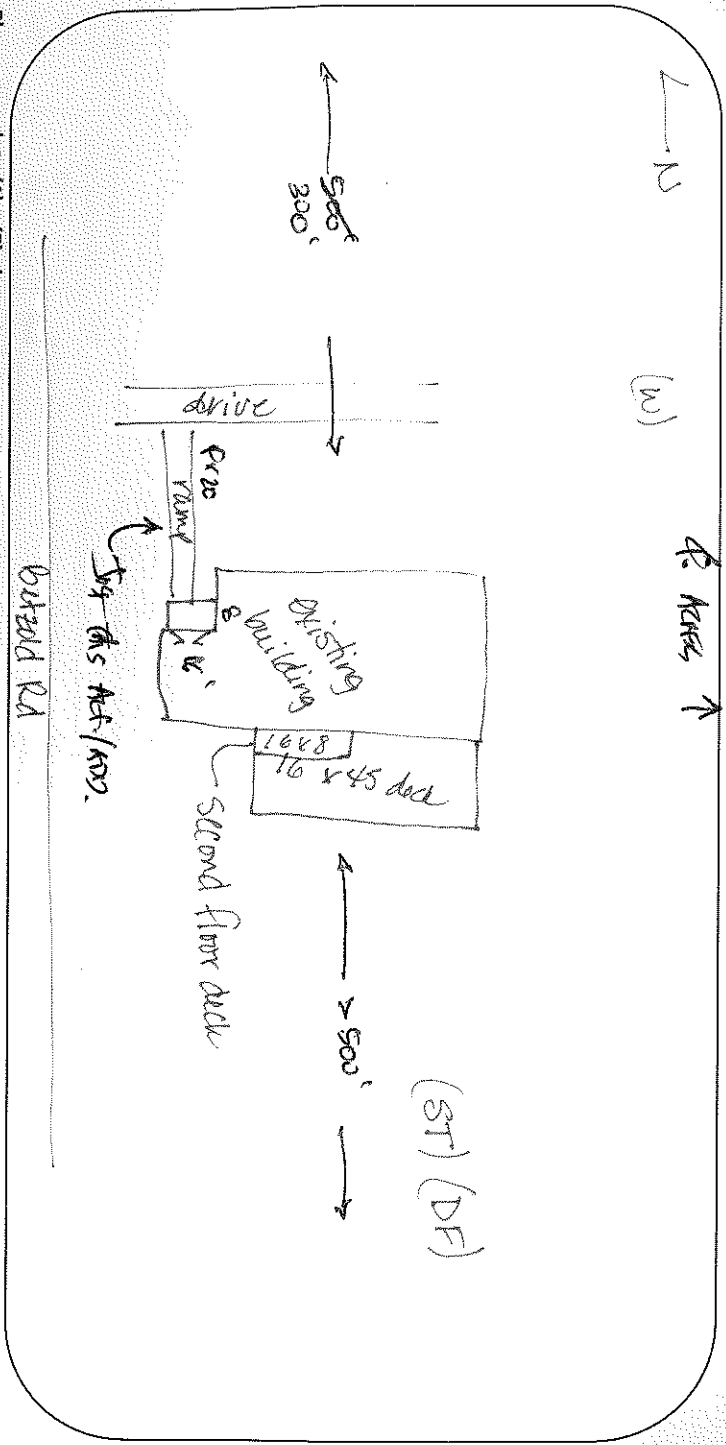
Owner(s): Renate Hausser Date 7-16-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance PO Box 1391, Bayfield, WI 54814 Attach Copy of Tax Statement
 Address to send permit _____ if you recently purchased the property send your Recorded Deed
 JUL 27 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
- (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 any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lakes; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)
 (8) Setbacks: (measured to the closest point)
 Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---------------------------------------------|-------------|--------------------------------------------------|-------------|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 300' 4' | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | > 500' | Setback from Wetland | Feet |
| Setback from the West Lot Line | > 300' | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | > 300' | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 4'-50' | Setback to Well | Feet |
| Setback to Drain Field | 4'-100' | | |
| 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: 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 Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)
 Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____
 Reason for Denial: > 250 FT²

Permit #: 12-0871 Permit Date: 7-27-12

Is Parcel a Sub-Standard Lot: Yes No
 Is Parcel in Common Ownership: Yes No
 Is Structure Non-Conforming: Yes No

Granted by Variance (B.O.A.): _____ Case #: _____
 Previously Granted by Variance (B.O.A.): Yes No

Was Parcel Legally Created: Yes No
 Was Proposed Building Site Delineated: Yes No

Were Property Lines Represented by Owner Was Property Surveyed: Yes No

Inspection Record: NO-PROBED STRUCTURE ALTERATIONS - NO REAKERSHIP ON THE GABLES
ALERTS APPEARANCE SANITARY & THE LV FOUND AND THE DEATH.

Date of Inspection: 7-28-12 Inspected by: CR

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: [Signature] Date of Approval: 7-28-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____
 Hold For Fees: _____