

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
 NOV 08 2012

| | |
|----------------------|--------------------------|
| Permit #: | 12-0458 |
| ENTERED Amount Paid: | 11-16-12 \$75 11-9-12 |
| 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 YOU BY BAYFIELD CO. ZONING DEPT. FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: HARRY R. WEBER Mailing Address: 85080 GOTCHLIVE RD BAYFIELD, WI 54814 Telephone: (715) 779-5019

Address of Property: 85080 GOTCHLIVE RD City/State/Zip: BAYFIELD, WI 54814 Cell Phone:

Contractor: SELF Contractor Phone: PLUMBER Plumber: PLUMBER Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 54814 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: SW 1/4 SW 1/4 LASS STATE RESERVE Gov't Lot: 550 N. Range 4 W Town of: BAYFIELD Lot Size: 18 Acreage: 18

Legal Description: (Use Tax Statement) SW 1/4 SW 1/4 LASS STATE RESERVE PIN: (23 digits) 04-006-2-50-04-16-3 03-000-10000 Volume: 18 Subdivision: 18 Page(s): 18

Shoreland 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: 18 feet Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: 18 feet

Non-Shoreland

| 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>2,800.00</u> | <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement | <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>DF</u> <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Existing Structure: (if permit being applied for is relevant to it) | | Length: <u>26 FEET</u> Width: <u>20 FEET</u> Height: <u>8 FEET</u> | | | |

| 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 with (2 nd) Deck with Attached Garage | () () () () () () () () | () () () () () () () () |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ | () () | () () |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) _____ Accessory Building (specify) <u>STORAGE</u> Accessory Building Addition/Alteration (specify) _____ | () () () | () (<u>26 x 20</u>) (<u>560</u>) |
| | 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.

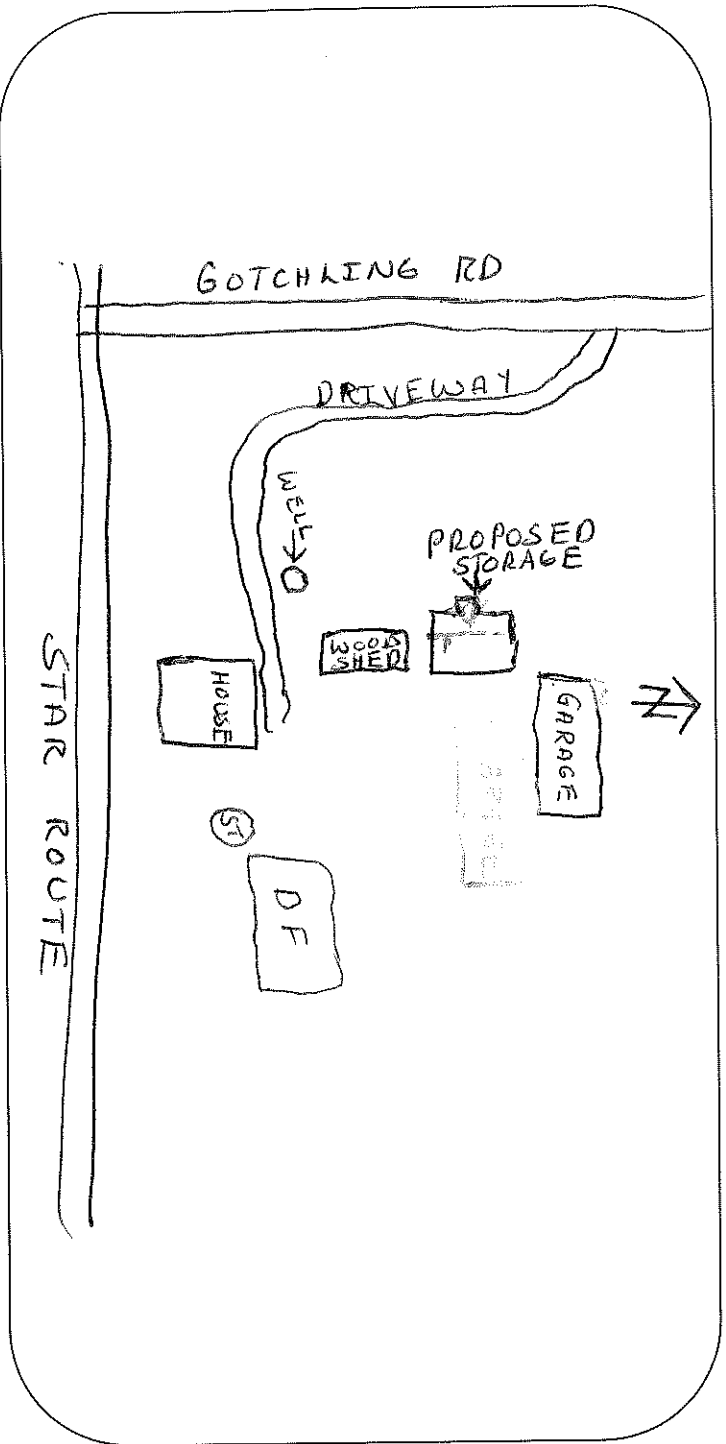
Owner(s): Harry R. Weber Date 11/08/12
 (If there are Multiple Owners listed on the Paid All Owners must sign or letter(s) of authorization must accompany this application)

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 _____ Attach
 Address to send permit _____ Copy of Tax Statement

Below: 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: (*) 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)

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

(8) Setbacks: (measured to the closest point)

| 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 | 41000 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 4200 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 4300 Feet | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | 4500 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 50 Feet | Setback to Well | 30 Feet |
| Setback to Drain Field | 50 Feet | | |
| Setback to Privy (Portable, Composting) | | | |

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) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | Reason for Denial: | | | |
| Permit #: 12-0458 | Permit Date: 11-16-12 | | | |
| <input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming | <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | Previously Granted by Variance (B.O.A.) | Case #: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Parcel Legally Created | Was Proposed Building Site Delineated | Were Property Lines Represented by Owner Was Property Surveyed | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: <i>FORGASO STRUCTURE LOCATED AS REPRESENTED BY OWNER APPEARS TO MEET MUNICIPAL REQUIREMENTS & PERMIT MAY BE ISSUED</i> | | Zoning District: <i>R-4S</i> | Lakes Classification: <i>3</i> | |
| Date of Inspection: <i>11-14-12</i> | Inspected by: <i>DC</i> | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.) | | | | |
| Signature of Inspector: <i>[Signature]</i> | Date of Approval: <i>11/16/12</i> | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | |