

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
PERMIT
 Date Stamp (Required)
FEB 16 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0000
 Date: 4-19-12
 Amount Paid: \$50.00 POS
 Refund: 212312

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: BAYFIELD CO. FORESTRY DEPT. Mailing Address: 117 E 5th ST. WASHBURN, WI 54891 Telephone: 715-373-6114

Address of Property: APPROX. 0.3 MILES WEST OF HOIT ROAD ON STH 13 City/State/Zip: WASHBURN, WI 54891 Cell Phone: _____

Contractor: ATKIN & WICK, INC. Contractor Phone: 715-479-7488 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) CAROLYN LUFVEY Agent Phone: 715-891-0231 Agent Mailing Address (include City/State/Zip): 8075 Hwy D, Eagle River, WI 54521 Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04-006-2-51-05-13-4 03-000-10000 Volume: _____ Page(s): _____

Gov't Lot _____ Lot(s) _____ CSM 127 444 Vol & Page _____ Lots No. _____ Block(s) No. _____ Subdivision: _____

Section 13, Township 51 N, Range 5 W Town of: BAYFIELD Lot Size _____ Acreage ± 70

Non-Shoreland

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

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>N/A</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> TEMPORARILY	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> NO BUILDINGS	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/>	with (2 nd) Porch	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>TEMPORARILY ASPHALT PLANT</u>	(±150' X ±250')	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/>	Special Use: (explain) _____	(X)	
<input checked="" type="checkbox"/>	Conditional Use: (explain) <u>TEMPORARILY PLACE & OPERATE A PORTABLE HOTMIX ASPHALT PLANT</u>	(X)	

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): _____ Date: 2-16-12

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Carolyn Lufvey Attach Copy of Tax Statement

Rec'd for Issuance: 8075 Hwy D, Eagle River, WI 54521 If you recently purchased the property send your Recorded Deed

Address to send permit: _____ Date: _____

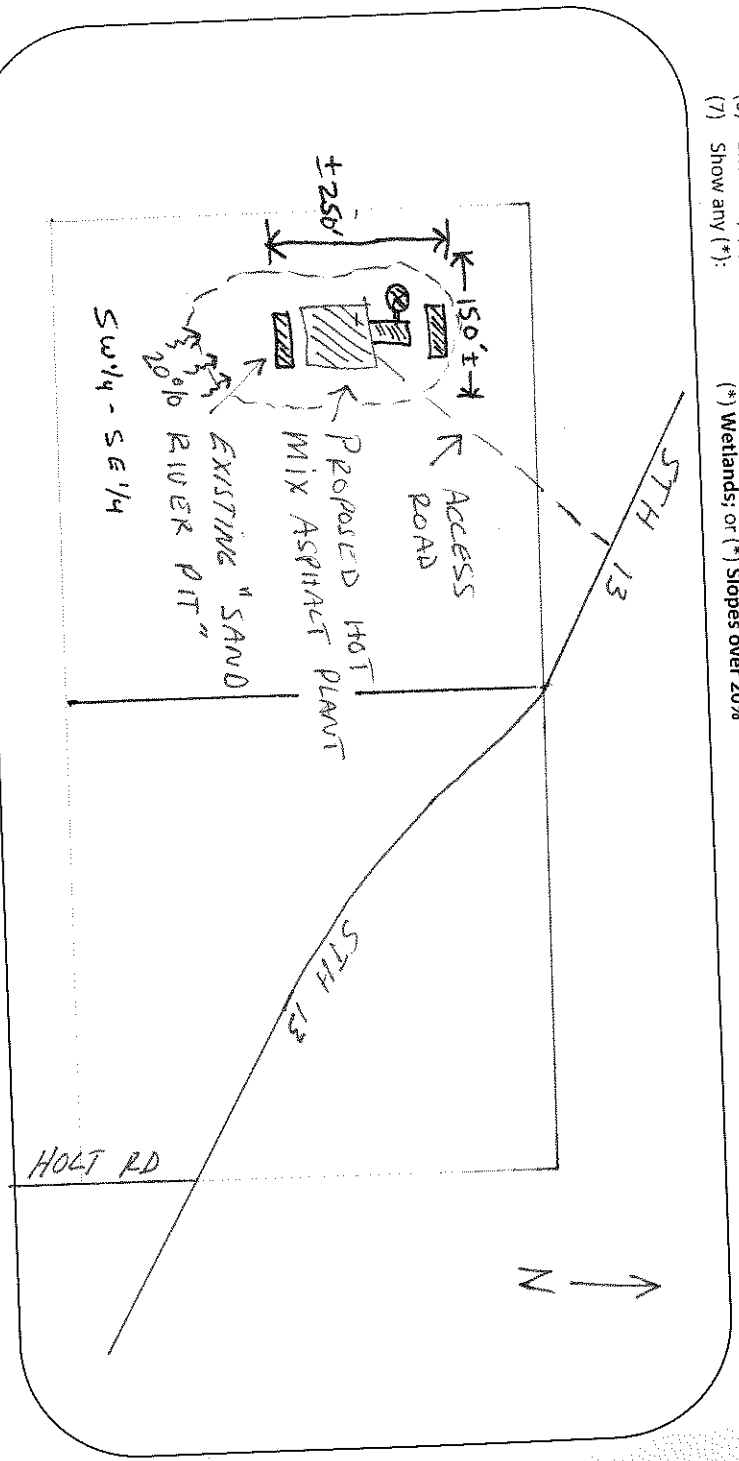
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff
 APR 19 2012

SECRETARY
 APR 19 2012

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 (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



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	730 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	670 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	420 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	910 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	520 Feet	Setback from 20% Slope Area	450 Feet
Setback from the East Lot Line	780 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A	Feet	Feet
Setback to Privy (Portable, Composting)	N/A	Feet	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 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: _____ Sanitary Date: _____ # of bedrooms: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0060 Permit Date: 4-19-12

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 #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Basin not visible while site

Date of Inspection: 2-28-12 Inspected by: DR

Conditions: Town, Committee or Board Conditions Attached? No (if No they need to be attached.)

Signature of Inspector: [Signature] Date of Approval: 4-19-12