

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

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY WISCONSIN  
 Stamp (Received)  
 MAR 12 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-0074	ENTERED
Date:	4-19-12	
Amount Paid:	\$11.00 EOS	
Refund:	\$14.00 EOS	
	3/12/12	3/12/12

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  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **H. ROGER & SHARON L. SCHAEFER** Mailing Address: **711 WANNUT ST. BAYFIELD WI 53172** Telephone: **414-856-0317**

Address of Property: **766) STAR ROUTE ROAD BAYFIELD WI, 54814** City/State/Zip: **53172** Call Phone: **414-303-0197**

Contractor: **STEPHENSON CONTRACTORS** Contractor Phone: **715-779-3447** Plumber: **N/A** Plumber/Phone: **N/A**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **N/A** Agent Mailing Address (include City/State/Zip): **N/A** Written Authorization Attached  Yes  No

PROJECT LOCATION: **S/D 1/4, S/E 1/4** Legal Description: (Use Tax Statement) **04-006-2-50-04-16-4 03-000-4000** PIN: (23 digits) **04-006-2-50-04-16-4 03-000-4000** Volume **1062** Recorded Document: (i.e. Property Ownership) **194195**

Section **16**, Township **5D** N, Range **4** W Town of: **BAYFIELD** Lot Size **400 X 782 X 285 X 320 X 665** Acreage **7.227**

Shoreland  Non-Shoreland

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

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

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet Written Authorization Attached  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
\$37,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
\$37,000	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
\$37,000	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
\$37,000	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
\$111.00	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: **36'** Width: **28'** Height: **10'**

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(see Accessory Bldg)	X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		X )	
	with Loft		X )	
	with a Porch		X )	
	with (2 <sup>nd</sup> ) Deck		X )	
	with a Deck		X )	
	with (2 <sup>nd</sup> ) Deck		X )	
	with Attached Garage		X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		X )	
	Mobile Home (manufactured date) _____		X )	
	Addition/Alteration (specify) _____		X )	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <b>36 X 28 GARAGE WORKSHOP</b>		X )	<b>1008</b>
	Accessory Building Addition/Alteration (specify) _____		X )	
	Special Use: (explain) _____		( X )	
	Conditional Use: (explain) _____		( X )	
	Other: (explain) _____		( 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.

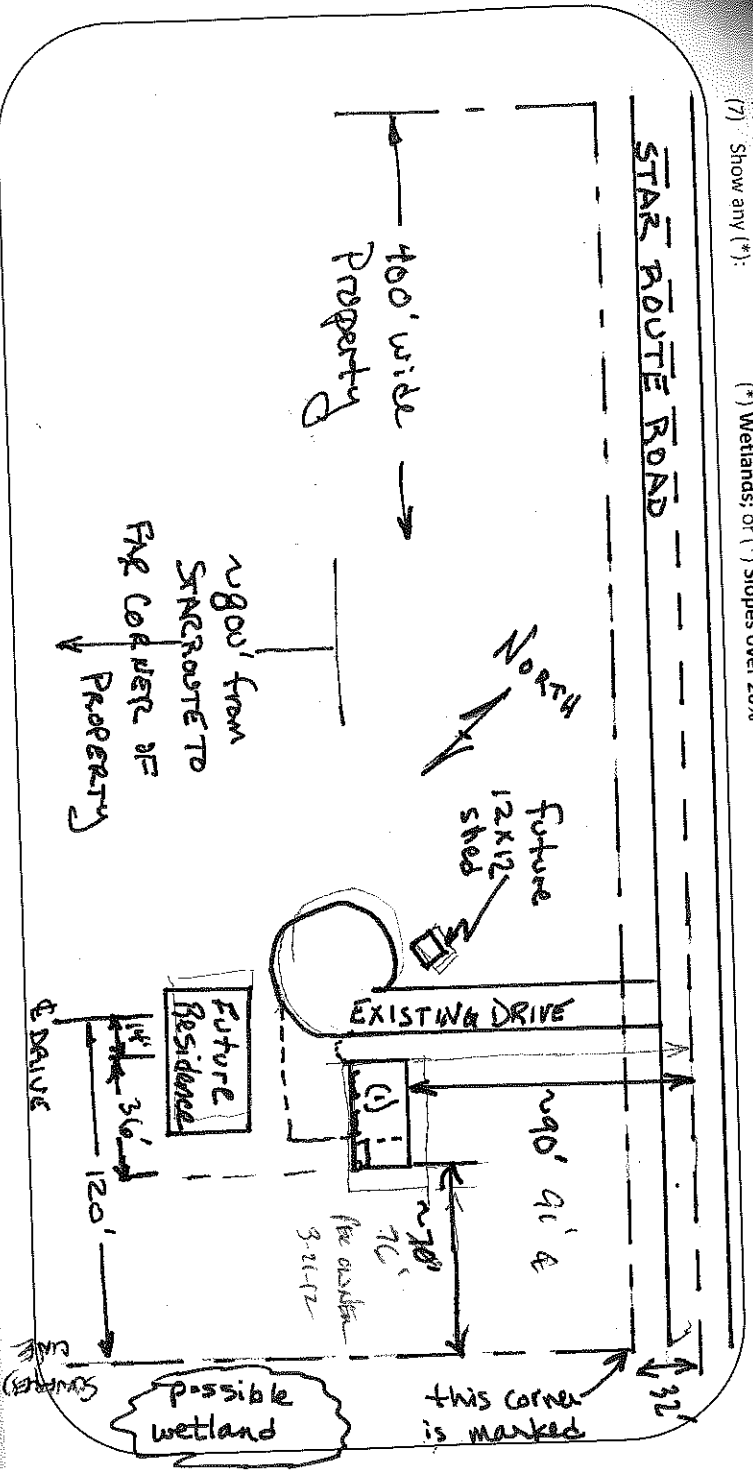
Owner(s): **H. Roger & Sharon Schaefer** **Sharon Schaefer**  
 (If there are multiple owners listed on the Deed All Owners must sign OR letter(s) of authorization must accompany this application)

Approved Appr: **n/a** Date **March 8, 2012**

Address for said permit: **711 WANNUT ST, SOUTH MILWAUKEE, WI 53172**

Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

- Draw or Sketch your Property (regardless of what you are applying for)
- Show Location of: Proposed Construction
  - Show/Indicate: North (N) on Plot Plan
  - Show/Location of (\*): Frontage Road (Name Frontage Road)
  - Show: All Existing Structures on Your Property
  - Show: (\*): Well (W); (\*): Septic Tank (ST); (\*): Drain Field (DF); (\*): Holding Tank (HT) and/or (\*): Privy (P)
  - Show any (\*): (\*): Lake; (\*): River; (\*): Stream/Creek; or (\*): Pond
  - 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	90 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	58 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	58 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	~700 Feet	Setback from Wetland *	70 Feet
Setback from the West Lot Line	294 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet	* possible wetland' or adjacings	
Setback to Privy (Portable, Composting)	N/A Feet	Acres	

Setback to Septic Tank or Holding Tank, 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.  
Setback to Drain Field, 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.  
Setback to Privy (Portable, Composting), 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.

(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 Dwelling: 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):	Permit Date:				
Permit #: 12-0074	Permit Date: 4-19-12				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: DC			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Inspection: 5-19-12			
Inspection Record: The proposed structures as requested by the applicant were approved. Other requirements of the CO. have been issued.	Condition(s) of Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
Zoning, Sanitary, & driveway costs are fully met.					
Signature of Inspector: [Signature]					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> New	Date of Approval: 7-26-12	
Mailed on 5-20-12					
Mailed on 3-2-12					