

SIGN: 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
PERMIT FEE
 Date Stamp: **MAR 15 2012**
 Bayfield Co. Zoning Dept.

Permit #:	10-0083
Amount Paid:	407.12
Refund:	1850.00 PDS
	3/15/12

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 FILE 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: Michael Reed & Jennifer Mathew Mailing Address: 3716 45th Ave S. Minneapolis, MN 55414 City/State/Zip: 212? Telephone: 612-845-7222

Address of Property: 33925 Star Route Rd City/State/Zip: Bayfield, WI 54814 Contractor Phone: 54814 Cell Phone: 612-845-7722

Contractor: Blakeman Plumbing Plumber: Blakeman Plumbing Plumber Phone: 715-692-6020

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-692-5017 Agent Mailing Address (include City/State/Zip): 28220 State Hwy 137 Aveland WI 54806 Written Authorization: Yes No

PROJECT LOCATION: William Cookson PIN: (23 digits) 04-006-2-50-04-21-2 01-000-10000 Recorded Document: (i.e. Property Ownership) Attended Volume: --- Page(s): ---

Legal Description: (Use Tax Statement) U2 1/4, U2 1/4 G0V't Lot: --- Lot(s): --- CSM: --- Vol & Page: --- Lot(s) No.: --- Block(s) No.: --- Subdivision: ---

Section 21, Township 50 N, Range 04 W, Town of: Bayfield Lot Size: --- Acreage: 440

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: --- feet Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: --- feet 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>225,000</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"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>sewer</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>---</u> <input type="checkbox"/> Privy (Pit) or 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: 40 Width: 36 Height: 27

Proposed Construction: Length: --- Width: --- Height: ---

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> 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	(<u>36 X 40</u>) (<u>26 X 36</u>) (<u>13.5 X 2</u>) (<u>8 X 3.6</u>) (<u>---</u>) (<u>---</u>) (<u>---</u>)	<u>1157?</u> <u>638?</u> <u>108</u> <u>298</u> <u>---</u> <u>---</u>
<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) <input type="checkbox"/> Mobile Home (manufactured date) <u>---</u> <input type="checkbox"/> Addition/Alteration (specify) <u>---</u> <input type="checkbox"/> Accessory Building (specify) <u>---</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>---</u>	(<u>---</u>) (<u>---</u>) (<u>---</u>) (<u>---</u>) (<u>---</u>)	<u>---</u> <u>---</u> <u>---</u> <u>---</u> <u>---</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <u>Build Residence in F1 Zone</u> <input type="checkbox"/> Conditional Use: (explain) <u>---</u> <input type="checkbox"/> Other: (explain) <u>---</u>	(<u>---</u>) (<u>---</u>) (<u>---</u>)	<u>---</u> <u>---</u> <u>---</u>

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): Michael Reed Date: 3-10-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Jennifer Mathew Date: 3-10-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

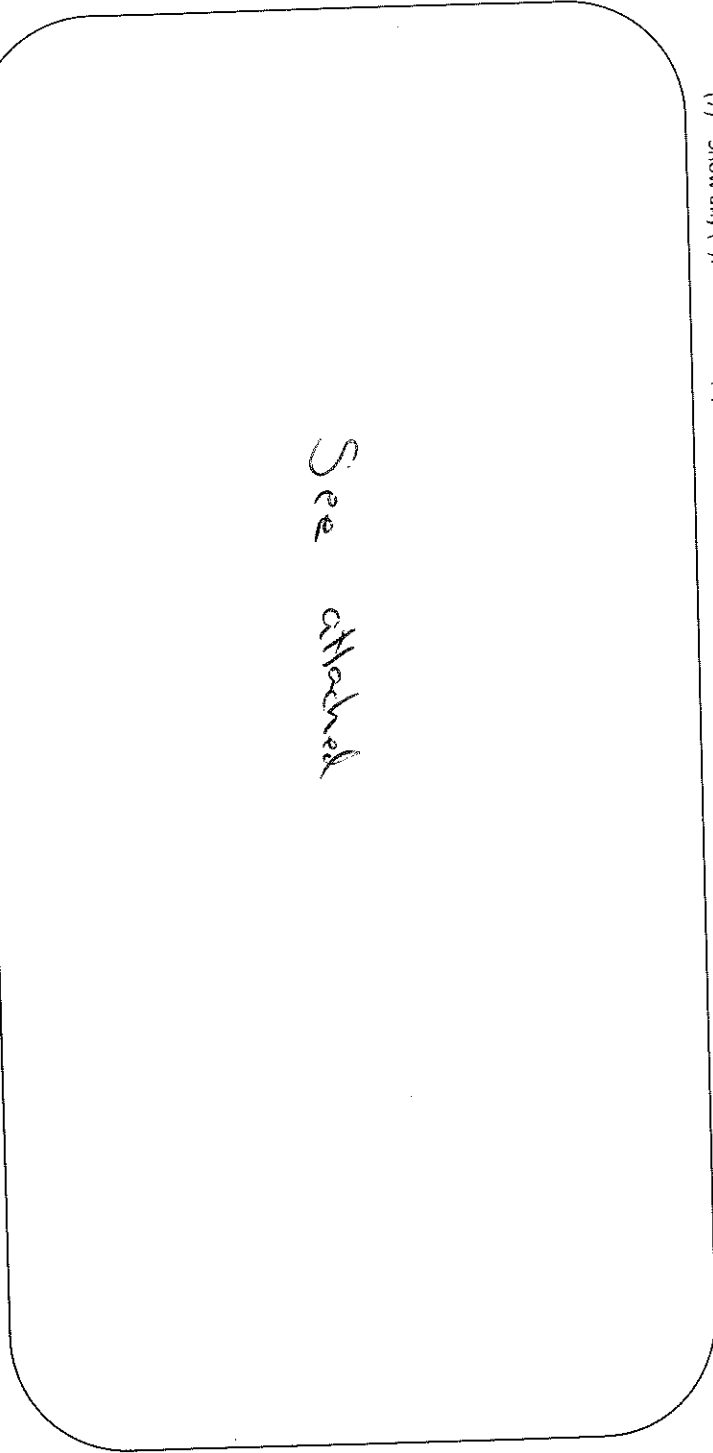
Address to send permit: 3716 45th Ave S. Minneapolis, MN 55414 Attach: ---
 APR 07 AMT If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%

See attached



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)

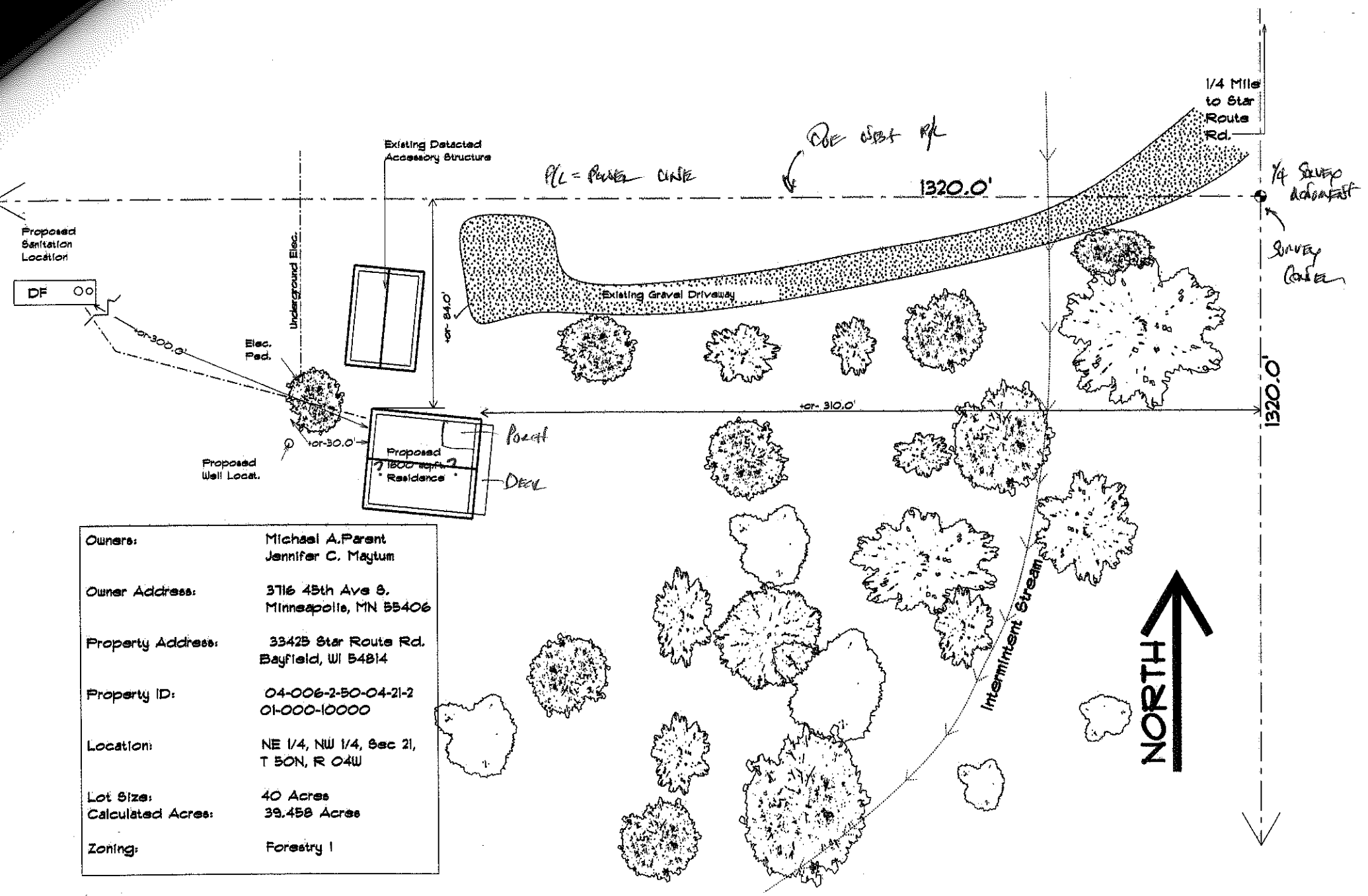
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
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)		Sanitary Number:	18-125		# of Bedrooms:			Sanitary Date:	4-13-12		
Permit Denied (Date):		Reason for Denial:									
Permit #: 18-0083		Permit Date:		4-27-12							
<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 checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: <i>see exterior, front</i>		<input checked="" type="checkbox"/> <i>front of owner's residence satisfactory - 12' setback</i>		Zoning District: (F-1)		Lakes Classification: ()					
Date of Inspection: 3-19-12		Inspected by: DR									
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached) <i>A violation existing code (VOC) setback from the property structures</i>		UOL INSPECTION <i>okay</i>									
Signature of Inspector:		Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Date of Approval:	
<i>not be issued as required setbacks & other applicable code wants work</i>		<i>not be obtained from the start of construction</i>									



Owners:	Michael A. Parent Jennifer C. Maytum
Owner Address:	3716 45th Ave S. Minneapolis, MN 55406
Property Address:	33425 Star Route Rd. Bayfield, WI 54814
Property ID:	04-006-2-50-04-21-2 01-000-10000
Location:	NE 1/4, NW 1/4, Sec 21, T 50N, R 04W
Lot Size:	40 Acres
Calculated Acres:	39.458 Acres
Zoning:	Forestry I

