

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  
**PERMITS**  
 Date: MAR 28 2012

Permit #:	12-0100
Date:	5-4-12
Amount Paid:	\$100.00 FOS
Refund:	3/28/12 GSK

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.

Bayfield Co. Zoning Dept.  
 HOW TO FILE 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: Jim Hagsstrom Mailing Address: 7876 Astor road Middleton WI 53562 Telephone: \_\_\_\_\_

Address of Property: 34915 Chyuswegon Rd City/State/Zip: Bayfield WI Cell Phone: 608-335-1177

Contractor: Oreg Martinson Const. Contractor Phone: 715-292-3279 Plumber: N/A Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Oreg Martinson Agent Phone: 715-292-3279 Agent Mailing Address (include City/State/Zip): PO Box 922 Ashland WI 54806 Written Authorization Attached:  Yes  No

Project LOCATION: 1/4, 1/4 Gov't Lot: 144 Lot(s): 1 CSM: 158 Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: Port Superior Shores Recorded Document: (i.e. Property Ownership) 1067 Volume: 1067 Page(s): 422

Legal Description: (Use Tax Statement) \_\_\_\_\_ Town of: Bayfield Lot Size: \_\_\_\_\_ Acreage: 1.35

Section 22, Township 50 N, Range 4 W

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

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 10 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>1000</u>	<input type="checkbox"/> New Construction <input checked="" 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"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 600 Width: 4' Height: 4'4"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	( X )
	Residence (i.e. cabin, hunting shack, etc.)	( X )	( X )
	with Loft	( X )	( X )
	with a Porch	( X )	( X )
	with (2 <sup>nd</sup> ) Deck	( X )	( X )
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( X )	( X )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )	( X )
	Mobile Home (manufactured date)	( X )	( X )
	Addition/Alteration (specify)	( X )	( X )
	Accessory Building (specify)	( X )	( X )
	Accessory Building Addition/Alteration (specify)	( X )	( X )
<input type="checkbox"/> Municipal Use	Special Use: (explain)	( X )	( X )
	Conditional Use: (explain)	( X )	( X )
	Other: (explain) <u>STAIRWAY TO NAVIGABLE WATER</u>	( 100' X 4' )	400 FT <sup>2</sup>

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

Authorized Agent: [Signature] Date: 3-20-12  
 Record for Issuance: You are signing on behalf of the owner(s) a letter of authorization must accompany this application

Address to send permit: PO Box 922 Ashland WI 54806 Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

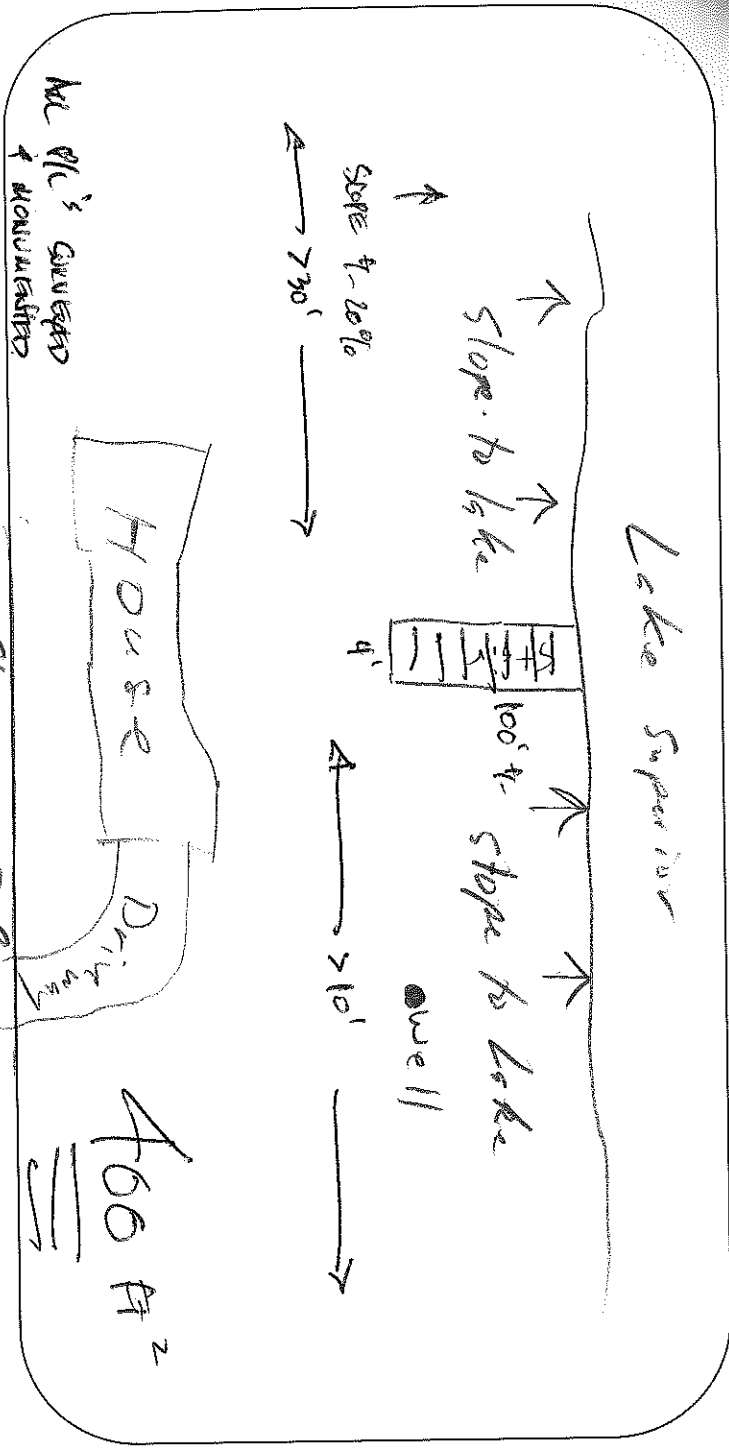
Secretarial Staff

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%



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	Foot	Setback from the Lake (Ordinary high-water mark)	Foot
Setback from the Established Right-of-Way	> 200'	Setback from the River, Stream, Creek	> 75'
Setback from the North Lot Line	Foot	Setback from the Bank or Bluff	Foot
Setback from the South Lot Line	Foot	Setback from Wetland	Foot
Setback from the West Lot Line	> 30'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	Foot	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Foot	Setback to Well	Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	Foot		

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: N/A # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit Date: 5-4-12

Permit #: B-0100

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  No  
 Is Parcel in Common Ownership  Yes (Fused/contiguous lots)  No  No  
 Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner  Yes  No  
 Was Proposed Building Site Delineated  Yes  No Was Property Surveyed  Yes  No

Inspection Record: Review of Plans of Sewer System Checked by contractor representatives

Date of Inspection: 4-9-12 Inspected by: DK

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

Small Disturbance Activities Must Be Mitigated.

Signature of Applicant: \_\_\_\_\_ Date of Approval: 4-12-12

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_