

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
 RECEIVED
 AUG 06 2012
 Bayfield Co. Zoning Dept.

LU, 125.00 Permit # 12-0368
 TBA (75.00) 9-19-12
 Amount Paid: \$300.00 PDS
 8/6/12
 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 APPLICANT.
 HOW DO I FIND 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: Jen Lanzar & Magdalena Dale
Mailing Address: P.O. Box 525 Bayfield WI 54814
City/State/Zip: Bayfield WI 54814
Telephone: (715) 779-5446

Address of Property: North Pratt Road
City/State/Zip: Bayfield, WI 54814
Cell Phone: (715) 209-0515

Contractor: _____
Contractor Phone: _____
Plumber: _____
Plumber Phone: _____

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

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-066-250-05-04.1 02-000-10000
 Volume _____ Page(s) _____
 NW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 9, Township 50 N, Range 5 W Town of: Bayfield Lot Size _____ Acreage 40

Shoreland → Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue → Distance Structure is from Shoreline: 115 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → Distance Structure is from Shoreline: _____ feet
 Non-Shoreland

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
7500	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pvt) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None

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 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 checked="" type="checkbox"/>	Residential Use	() 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/ () sanitary, gr () sleeping quarters, gr () cooking & food prep facilities)	() X ()	()
<input checked="" type="checkbox"/>	Mobile Home (manufactured date) 2012	(12 X 18)	216
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Special Use: (explain) _____	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain) _____	() X ()	()
<input type="checkbox"/>	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): _____
 (If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date: 7/31/12

Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: _____
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Record for Issuance: P.O. Box 525, Bayfield, WI 54814
 Address to send permit: SEP 19 2012
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Zoning Department
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 DEC 17 2010
 Bayfield Co. Zoning Dept.

Application No: 12-0373
 Date: 9-19-12
 Zoning District: R-1 / NBD
 Amount Paid: \$250.00 / 12/22/10
EDS

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. Changes in plans must be approved by the Zoning Department.

LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER _____

Legal Description SE 1/4 of SE 1/4 of Section 30 Township 50 North, Range 4 West, Town of Bayfield

Gov'l Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____ Acreage 4.2

Volume 757 Page 225 of Deeds Parcel I.D. CH-006-2-50-04-30-404-000-10000

Property Owner Bayfield County Contractor County (Phone) _____

Address of Property Bayfield, WI 54814 Plumber _____

Telephone 715-373-6114 (Home) _____ (Work) _____

Is your structure in a Shoreland Zone? Yes No If yes, Distance from Shoreline: greater than 75' 75' to 40' less than 40'

Structure: New X Addition _____ Existing _____ Basement: Yes _____ No X Number of Stories 1 1/2

Fair Market Value \$22,000 Square Footage _____ Sanitary: New _____ Existing _____ Phwy _____ City _____

USE: Residence or Principal Structure (# of bedrooms) _____ Type of Septic/Sanitary System N/A

Residence sq. ft. _____ Commercial Principal Building Test wind turbine

Residence w/deck-porch (# of bedrooms) _____ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Accessory Building Addition (explain) _____

Residence w/attached garage (# of bedrooms) _____ Commercial Other (explain) WDP tower (test)

Residence sq. ft. _____ Garage sq. ft. _____ External Improvements to Principal Building (explain) _____

Residential Addition / Alteration (explain) _____ External Improvements to Accessory Building (explain) _____

Residential Accessory Building Addition (explain) _____

Residential Other (explain) _____

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 Owner or Authorized Agent (Signature) [Signature] Date 12/22/12

Address to send permit _____ ATTACH _____

* See Notice on Back Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit Issued: _____ State Sanitary Number _____ Date _____

Date 9-19-12 Permit Number 12-0373 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Structural Scaffolds & Landscape Additions APPEAR TO MEET APPLICABLE CODE REQUIREMENTS PERMIT MAY BE ISSUED PROVIDED APPROVAL OF CURP

Mitigation Plan Required: Yes No Date of inspection 1-6-11 Variance (B.O.A.) # _____

Condition: See PROVISIONS & ZONING COMMITTEE DECISION OF ASSOCIATED CONDITIONAL USE PERMIT

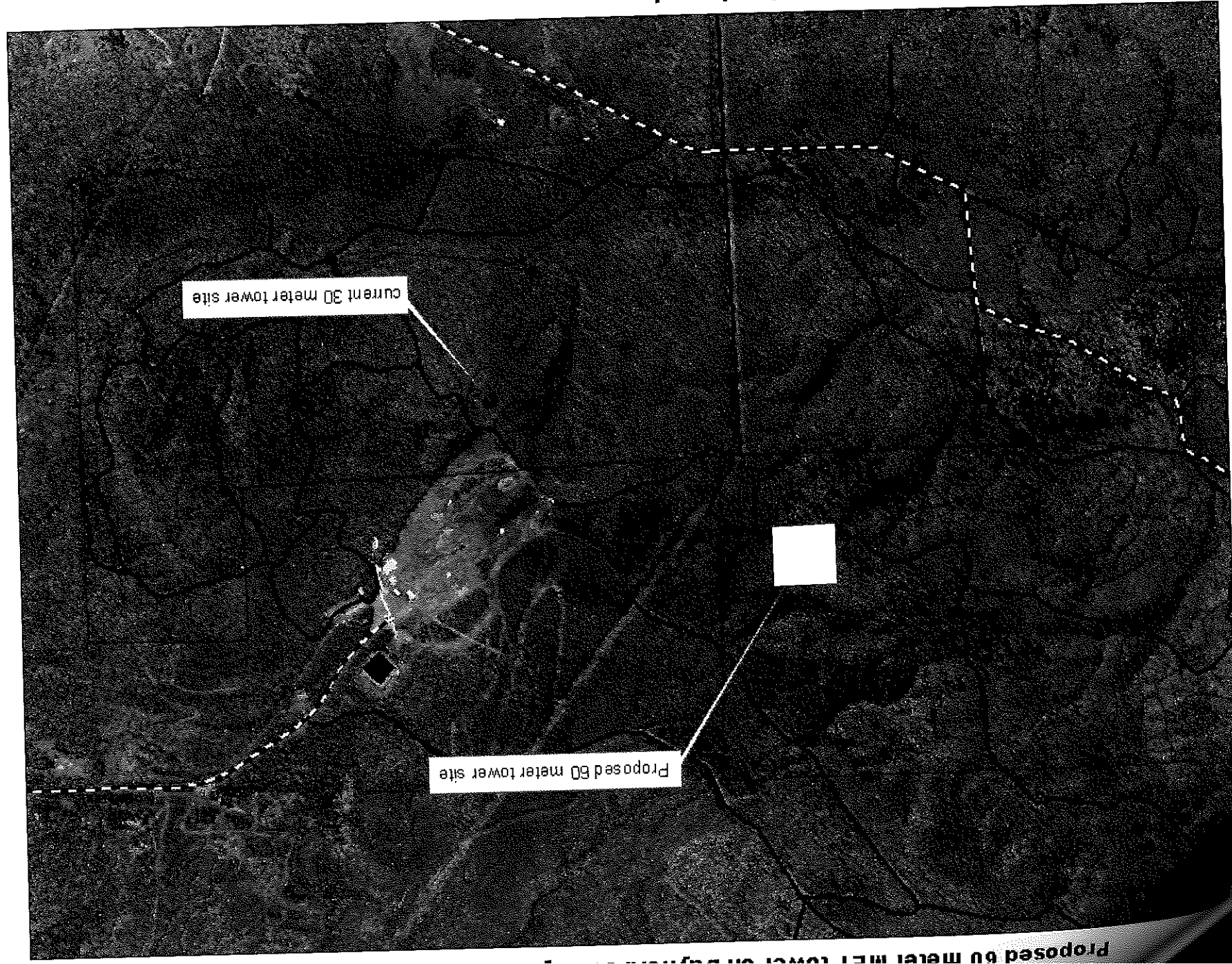
Rec'd for Issuance _____ Signed [Signature] Inspector _____ Date of Approval 1-4-11

SEP 19 2012

Secretarial Staff

ENTER

Approximately 4 acres would need to be cleared
-1/2 of the acres are sub-merchantable 2" dbh young aspen
-1/2 recently thinned oak, approx. volume 40-45 cfs



Proposed by meter met tower on segment 1