

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  
 Date Permitted (Received)  
**FEB 27 2012**  
 Bayfield Co. Zoning Dept

LU 300.00 TBA 175.00  
 18-0010  
 4-19-12  
 \$475.00 POS  
 3/1/12  
 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 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: Jody McRae Mailing Address: 1400 MacArthur Ashland WI 54806 Telephone: 715 682 9247

Address of Property: County Hwy C City/State/Zip: Bay View WI Cell Phone: 715 209 7602

Contractor: SELF Contractor Phone: 715 209 7602 Plumber: ATD Plumber Phone: 715 209 7602

Authorized Agent: (Person Signing Application on behalf of Owner(s)) DI McRAE Agent Phone: 715 209 7602 Agent Mailing Address (include City/State/Zip): SAME Written Authorization Attached:  Yes  No

PROJECT LOCATION: SUNSET 1/4, SW 1/4 Legal Description: (Use Tax Statement) 03-000-10000 Recorded Document: (i.e. Property Ownership) 1054 Page(s) 645

Section 16, Township 44 N, Range 5 W Town of: Bay View Lot Size 461 Acreage 40

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  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
\$ 100000	<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 checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<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"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 42' Width: 32' Height: 22'

Proposed Construction: Length: 42' Width: 32' Height: 22'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>42</u> X <u>32</u> )	<u>1344</u>
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	( <u>32</u> X <u>15</u> )	<u>480</u>
	with a Porch	( <u>36</u> X <u>60</u> )	<u>2160</u>
	with (2 <sup>nd</sup> ) Porch	( <u>      </u> X <u>      </u> )	<u>      </u>
	with a Deck	( <u>      </u> X <u>      </u> )	<u>      </u>
	with (2 <sup>nd</sup> ) Deck	( <u>      </u> X <u>      </u> )	<u>      </u>
	with Attached Garage	( <u>      </u> X <u>      </u> )	<u>      </u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <u>      </u> X <u>      </u> )	<u>      </u>
	Mobile Home (manufactured date)	( <u>      </u> X <u>      </u> )	<u>      </u>
	Addition/Alteration (specify) _____	( <u>      </u> X <u>      </u> )	<u>      </u>
	Accessory Building (specify) _____	( <u>      </u> X <u>      </u> )	<u>      </u>
	Accessory Building Addition/Alteration (specify) _____	( <u>      </u> X <u>      </u> )	<u>      </u>
	Special Use: (explain) <u>CLASS A</u>	( <u>      </u> X <u>      </u> )	<u>      </u>
	Conditional Use: (explain) _____	( <u>      </u> X <u>      </u> )	<u>      </u>
	Other: (explain) _____	( <u>      </u> X <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): \_\_\_\_\_ Date 2/27/12

(If there are Multiple Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Danell McRae Attach Copy of Tax Statement

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

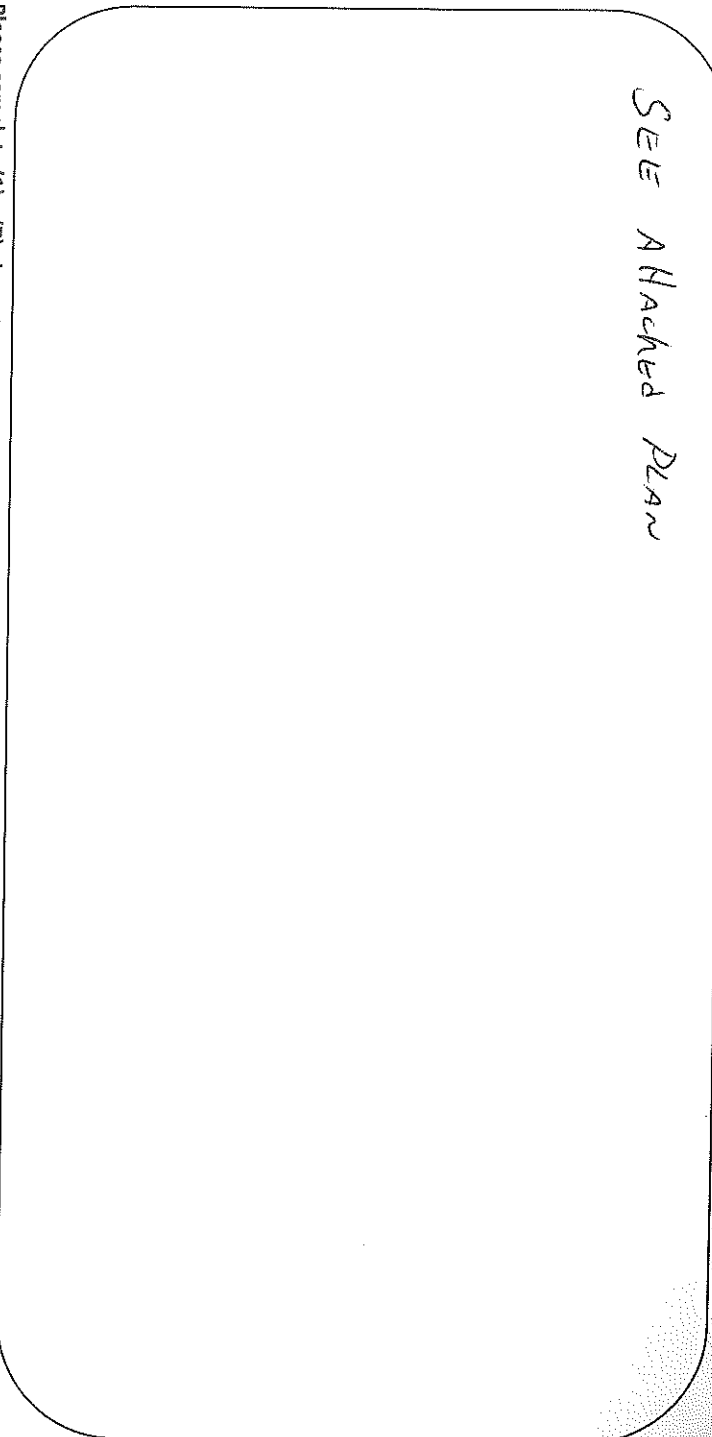
Rec'd for Issuance 1400 MacArthur Ave Ashland WI 54806 Date 2/27/12

Address to send permit \_\_\_\_\_

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 PLAN



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	N/A	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the North Lot Line	160	Setback from the River, Stream, Creek	
Setback from the South Lot Line	1160	Setback from the Bank or Bluff	
Setback from the West Lot Line	80	Setback from Wetland	
Setback from the East Lot Line	1240	Setback from 20% Slope Area	
Setback to Septic Tank or Holding Tank		Elevation of Floodplain	
Setback to Drain Field	N/A	Setback to Well	30
Setback to Privy (Portable, Composting)		Setback to Well	30

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: 12-0885	# of Bedrooms: _____	Sanitary Date: 3-20-12
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 4-19-12		
<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 checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" 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"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District (F-1) <input type="checkbox"/> Lakes Classification ( )
Inspection Record: <i>NOT BY OWNER, THE PROPOSED SEWER AS REQUESTED BY OWNER ALTHOUGH APPLICABLE SEWER REQUIREMENTS ARE ALL MET RESULTING IN THE USE OF ADDITIONAL</i>		Date of Inspection: 3-29-12 Inspected by: DDC		
Condition(s): Town, Committee or Board Condition Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) <i>A VARIOUS VARIOUS CODE (VIR) RESULT FROM THE LOCALITY CONTRACTED WDC INSPECTIONS REVEAL MOST ARE OBSERVED PRIOR TO THE START OF CONSTRUCTION.</i>				
Signature of Inspector: <i>[Signature]</i>	Date of Approval: 3-29-12			
Hold For Sanitary: <input checked="" type="checkbox"/> K	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	