

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County Planning and Zoning Dept.
 PO Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 FEB 27 2012
 Bayfield Co. Zoning Dept.

Permit #:	10-00008	ENTERED
Date:	4-19-12	
Amount Paid:	\$75.00 (DOS)	
Refund:	3/1/12	

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 → <input checked="" type="checkbox"/> LAND USE				<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Jody McRae	Mailing Address:	1900 MacArthur	City/State/Zip:	Ashland WI 54806	Telephone:	715 682 9477		
Address of Property:	County Hwy C	City/State/Zip:	Bay View WI	Contractor Phone:	715 209 7602	Cell Phone:	715 209 7602		
Contractor:	Self	Agent Phone:	715 209 7602	Plumber:	FBT	Plumber Phone:	715 209 7602		
Authorized Agent: (person signing Application on behalf of Owner(s))	J McRae	Agent Mailing Address (include City/State/Zip):	715 209 7602	Agent Mailing Address (include City/State/Zip):	715 209 7602	Written Authorization Attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-008-2-49-05-16-3-03-000-10000	Recorded Document: (i.e. Property Ownership) Volume	1054	Pages(s)	645		
SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acres
Section 16, Township 49 N, Range 5 W							Bay View	40	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Are Wetlands Present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet						

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
\$ 20000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <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 type="checkbox"/> Well

Existing Structures: (if permit being applied for is relevant to it) Length: 32 Width: 32 Height: 18
 Proposed Construction: Length: 32 Width: 32 Height: 18

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Deck	() ()	()
	with (2 nd) Deck	() ()	()
	with Attached Garage	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify) GARAGE	(32 X 32)	1024
	Accessory Building Addition/Alteration (specify)	() ()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain) CLASS A	() ()	()
	Conditional Use: (explain) SCORE 80%	() ()	()
	Other: (explain)	() ()	()

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.

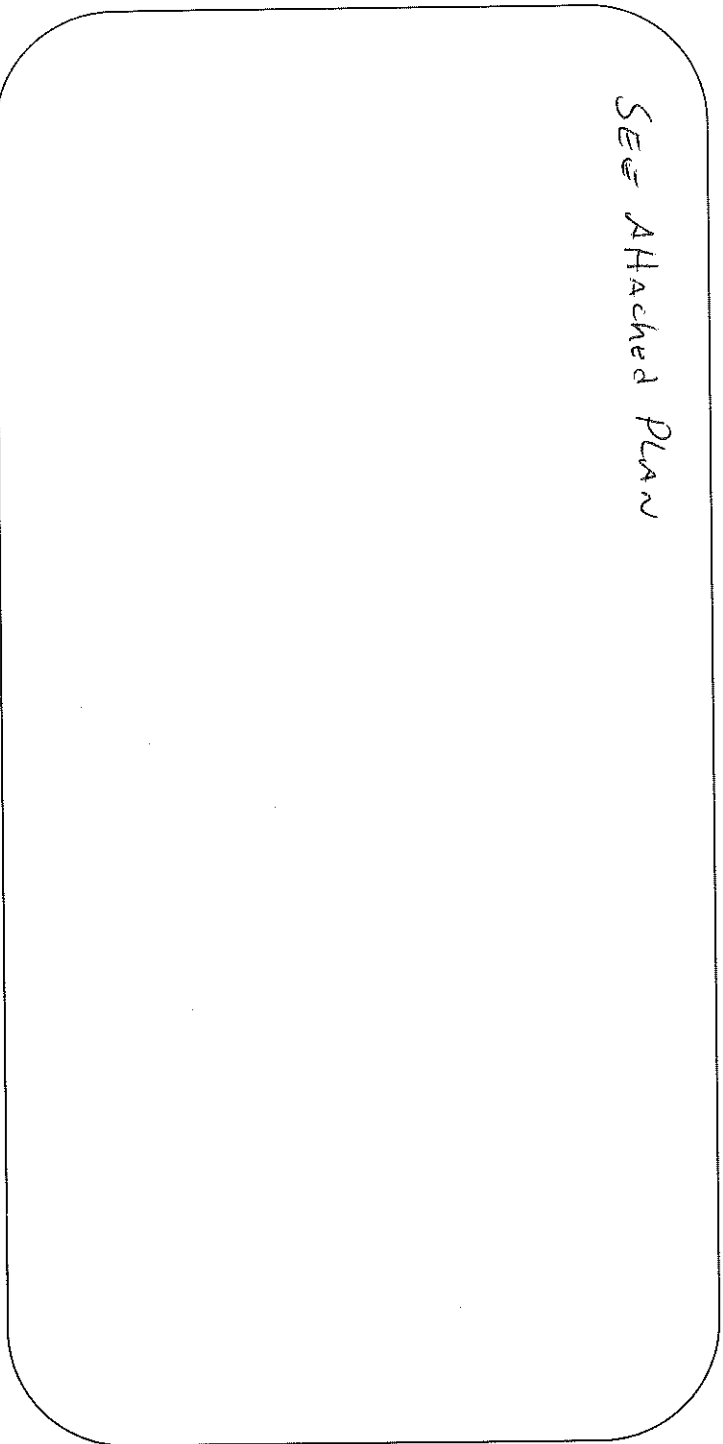
Owner(s):
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Jody McRae
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Date: 2/27/12

Rec'd for Issuance APR 19 2012
 Address to send permit 1900 MacArthur Ave Ashland WI 54806
 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Date: 4/19/12
 Jody McRae

Below: 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)

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		Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	100	Setback from the Bank or Bluff	
Setback from the South Lot Line	12.20	Setback from Wetland	
Setback from the West Lot Line	68	Setback from 20% Slope Area	0
Setback from the East Lot Line	12.40	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	30
Setback to Drain Field	130		
Setback to Privy (Portable, Composting)			

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 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 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: N/A	# of bedrooms: _____	Sanitary Date: _____			
Permit Denied (Date): _____		Reason for Denial: _____					
Permit # 12-0062		Permit Date: 4-19-12					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is (Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/contiguous lots)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	_____	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	_____
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	_____	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	Proposed Accessory Structure Location AS REPRESENTED BY OWNER - ACCESS APPROXIMATE SERVICE REQUIREMENTS & ALL EXISTING UTILITIES BE ISSUED.						
Date of Inspection:	3-29-12	Inspected by:	DDC				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)							
Signature of Inspector:		Date of Approval: 4-12-12					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				