

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 Sent (Received)
JUL 26 2012

ENTERED
 Permit #: 12-0308 ✓
 Date: 8-21-12
 Amount Paid: \$100.00 205
 Refund: 7/26/12

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

Owner's Name: Heather H. Campbell
Mailing Address: 12223 Avila Drive
City/State/Zip: Kansas City/MO/64145
Telephone: (913) 402-9332
Call Phone: (913) 620-1868

Address of Property: Bodin Road (Property Access)
City/State/Zip: Bayview, WI

Contractor: Carrier Construction (Greg Carrier)
Contractor Phone: 715 779-5672
Plumber: N/A
Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: N/A
Agent Mailing Address (Include City/State/Zip): N/A

PROJECT LOCATION: SE 1/4, SE 1/4
Gov't Lot: 2, 7
Lot(s): 2
CSM: 1690
Vol & Page: 9 368
Lot(s) No. Gov't Sec 21: 5602, 5603, 5604
Subdivision: N/A
Recorded Document (i.e. Property Ownership): Volume 9
Page(s): 368

Section: 21, 22, Township 49 N, Range 4 W
Town of: Bayview

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
\$10,000	<input 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"/> Stairway	<input 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 checked="" type="checkbox"/> Foundation <input checked="" type="checkbox"/> Stairway	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" 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: Stairway to Lake Apex 30 Length: _____ Width: 4' Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Deck	() X ()	
	with (2 nd) Deck	() X ()	
	with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
<input checked="" type="checkbox"/> Municipal Use	Other: (explain) Stairway to the lake	(30 X 4)	120

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 I (we) further accept liability which 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): Heather H. Campbell
 Date: July 21, 2012

Authorized Agent: _____
 Date: _____

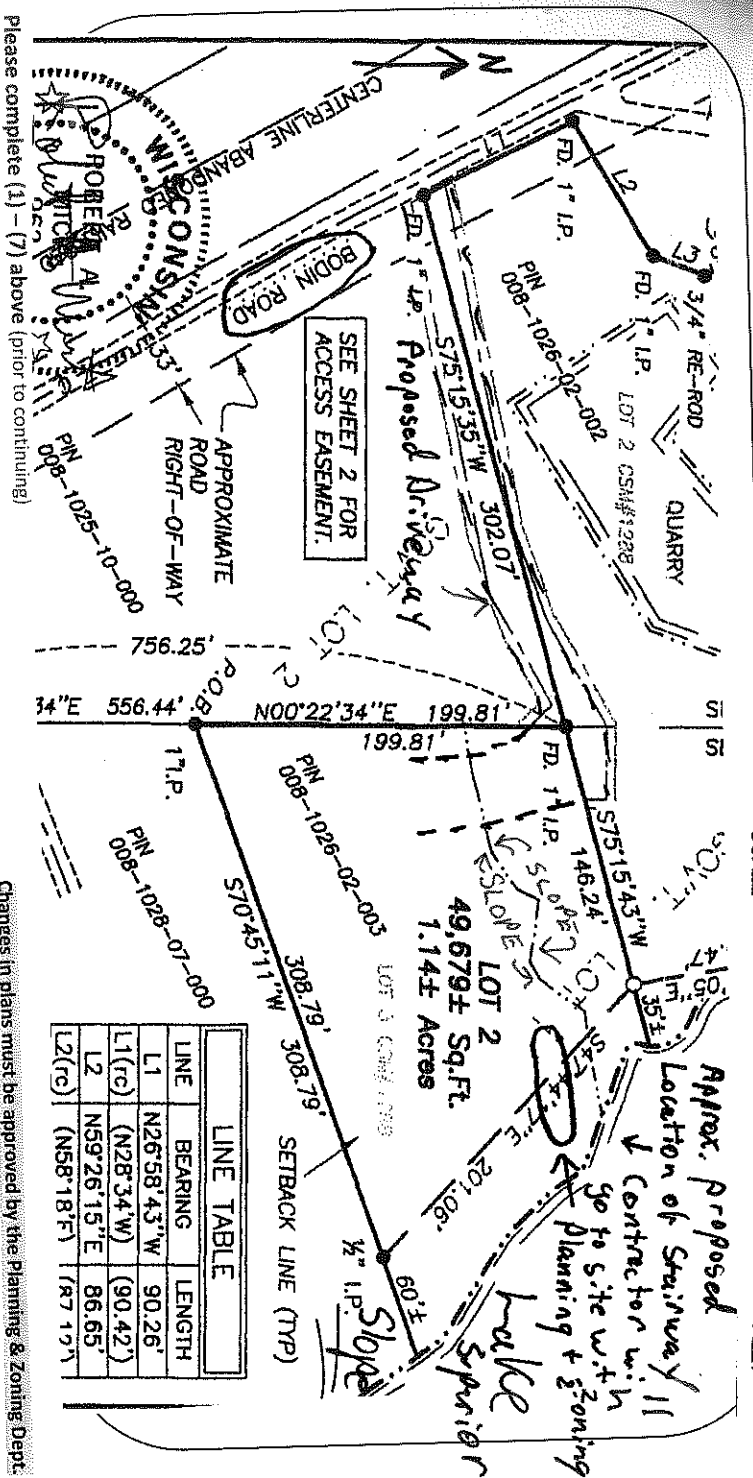
Rec'd for Issuance: 12223 Avila Drive, Kansas City, MO 64145
 Address to send permit
 Attach Copy of Tax Statement
 If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.
 If you recently purchased the property send your Recorded Deed

August 21, 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

- Show Location of: Proposed Construction
- Show / Indicate: North (N) on Plot Plan
- Show Location of (*): All Existing Structures on your Property
- Show: N/A
- Show any (*): (* Lake; (*) River; (*) Stream/Creek; or (*) Pond
- Show any (*): (* Wetlands; or (*) Slopes over 20%



(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	5	Setback from the Lake (ordinary high-water mark)	See Drawing Feet
Setback from the Established Right-of-Way	5	Setback from the River, Stream, Creek	See Drawing Feet
Setback from the North Lot Line	5	Setback from the Bank or Bluff	See Drawing Feet
Setback from the South Lot Line	5	Setback from Wetland	N/A Feet
Setback from the West Lot Line	5	Setback from 20% Slope Area	See Drawing Feet
Setback from the East Lot Line	5	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0308 Permit Date: 8-21-12

Is Parcel a Sub-Standard Lot Yes No No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____

Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: 1" I.P. ACCESS SHEDDING IS NECESSARY & DIMENSIONS FOR ACCESS TO THE SHEDDING.

Date of Inspection: 8/12 Inspected by: DK

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

The disposition of the property should minimize land ownership changes. Children should not exceed 10 ft. This the location of the driveway should be within the access/View corridor.

Signature of Inspector: _____ Date of Approval: _____

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: