

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
 SEP 24 2012

Bayfield Co. Zoning Dept.

Permit #:	10-0394	ENTERED
Date:	10-2-12	
Amount Paid:	\$48300.00	
Refund:	9/25/12	

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: Meierotto Chase **City/State/Zip:** Washburn WI 54891 **Telephone:** _____

Address of Property: Gann Rd **City/State/Zip:** Washburn WI 54891 **Cell Phone:** 715-292-3084

Contractor: Casey Ann Thomas of Donohay **Contractor Phone:** 715-654-5881 **Plumber:** Don Sto. 1001 **Plumber Phone:** 715-573-0264

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: East 425 ft of SE 1/4 SW 1/4 Section 28, Township 49 N, Range 4 W **Legal Description:** (Use Tax Statement) 008249042840300012000 **Lot Size:** _____ **Acres:** 50+

Legal Description: (Use Tax Statement) 008249042840300012000 **Subdivision:** _____ **Recorded Document:** (i.e. Property Ownership) 1086 **Page(s):** 33617

Distance Structure is from Shoreline: _____ **Is Property in Floodplain Zone?** Yes No

Distance Structure is from Shoreline: _____ **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
\$161,000	<input checked="" 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"/> 1-Story + Loft <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding tank</u> <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) 1 **Length:** 310 **Width:** 30 **Height:** _____

Proposed Construction: 2 **Length:** 28 **Width:** 32 **Height:** _____

Proposed Use	Proposed Structure	Dimensions		Square Footage
		Length	Width	
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(30)	(310)	1080
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	()	()	()
<input checked="" type="checkbox"/> Residential Use	with Loft	()	()	()
<input checked="" type="checkbox"/> Residential Use	with a Porch	()	()	()
<input checked="" type="checkbox"/> Residential Use	with (2 nd) Deck	()	()	()
<input checked="" type="checkbox"/> Residential Use	with (2 nd) Porch	()	()	()
<input checked="" type="checkbox"/> Residential Use	with Attached Garage	(28)	(32)	896
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	()	()	()
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify)	()	()	()
<input type="checkbox"/> Commercial Use	Accessory Building (specify)	()	()	()
<input type="checkbox"/> Commercial Use	Accessory Building Addition/Alteration (specify)	()	()	()
<input type="checkbox"/> Municipal Use	Special Use: (explain)	()	()	()
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	()	()	()
<input type="checkbox"/> Municipal Use	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): Paul W. Scott **Date:** 9/24/12
 (if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ **Date:** _____
 You are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Record for Issuance: _____ **Attach** **Copy of Tax Statement**
 Address to send permit _____ **If you recently purchased the property send your Recorded Deed**
012 2012

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%

← 2

See attachment

Proposed BAY SITE SHALL REPRESENTED BY OWNER AT WATERLOO

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	300 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	230 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	Road	Setback from Wetland	N/A Feet
Setback from the West Lot Line	135 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	180 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	> 50' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

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 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: 12-715	# of bedrooms: _____	Sanitary Date: 7-19-12
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 10-2-12		
Permit #: 12-0394				
<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 type="checkbox"/> Yes (fused/contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	
<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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Proposed structure location as presented by owner appears to meet & exceed minimum setback requirements. Permit may be issued.		Zoning District: (R-1) Lakes Classification: (-)		
Date of Inspection: 10-1-12	Inspected by: _____	Date of Re-Inspection: _____		
Condition(s): Town, Village, City, State or Federal Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) A Uniform Dwelling Code permit from the local authority constructed per discretionary approval must be obtained prior to the start of construction.				
Signature of Inspector: <i>[Signature]</i>		Date of Approval: 10-2-12		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

N

3

750'

230

200' 4"

135

28

GARAGE

HT

32'

NEW HOUSE

301

180

308' 4"

300

DRIVE

* PLOT PLAN *
CHISE MEIGRANTO

WASHING M. SUPPLY

425'

O/C CHASE

CONSTRUCTION w/ 4
AND ALSO ROOF

