

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEES TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN**

Date Stamp: **Received**  
**AUG 03 2012**

Permit #: **13-0015** **ENTERED**  
 Date: **8-8-12**  
 Amount Paid: **\$450.00**  
 Refund: **2/3/12**

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. Bayfield County Planning Dept. 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: **JAMES P. & JULIE M PRESSLER** Mailing Address: **490 12<sup>TH</sup> AVE NW NEW BELGTON/MN/55112** Telephone: **651.604.0166**  
 Address of Property: **91591 BAYVIEW PARK ROAD** City/State/Zip: **BAYVIEW/MN/54891** Cell Phone: **763.218.6113**  
 Contractor: **SELF** Contractor Phone: **Plumber: TONY BROWN** Plumber Phone: **715.682.0444**  
 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) **1/4, 1/4** Gov't Lot **1/4** Lot(s) **4** CSM **1.2 & 3** Vol & Page **4** Block(s) No. **BAYVIEW BEACH ASSESSOR'S RAT**  
 Section **5**, Township **49** N, Range **4** W Town of: **BAYVIEW** Lot Size **1.69** Acreage

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**K Shoreland** →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes---continue → Distance Structure is from Shoreline: **68** feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue → Distance Structure is from Shoreline: **500** feet  
 Non-Shoreland

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
\$ <u>150,000</u>	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vented (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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: **58'** Width: **26'** Height: **33.5'**  
 Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( 58 x 26 ) ( X X ) ( X X ) ( X X ) ( X X ) ( X X ) ( X X )	2406
<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	( X X ) ( X X ) ( X X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	( X X ) ( X X ) ( X X ) ( X X )	
	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( X X ) ( X X ) ( X 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): James P. & Julie M. Pressler Date 7/31/12  
 (if there are Multiple Owners listed on the Deed All Owner(s) must sign or letter(s) of authorization must accompany this application)

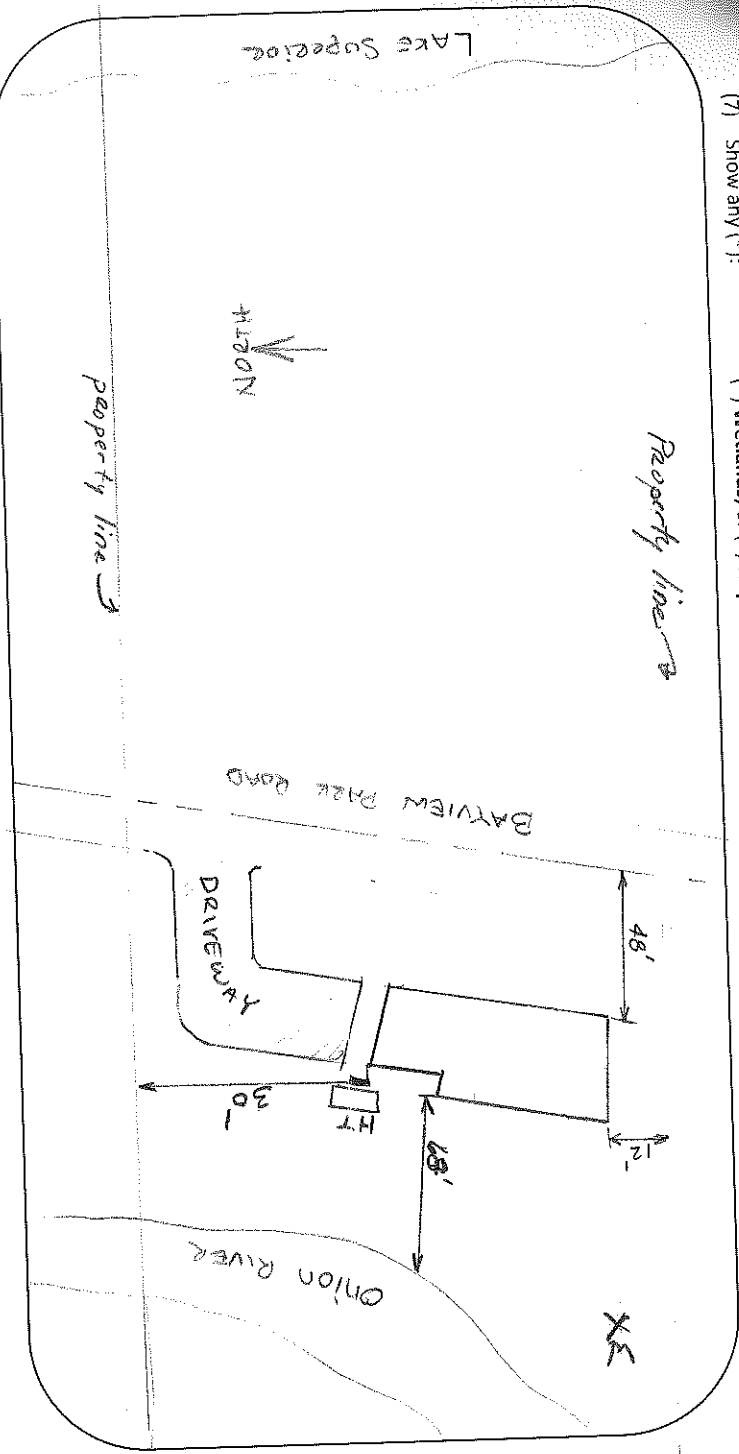
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 490 12<sup>th</sup> Ave NW New Belgton MN 55112 Attach **Copy of Tax Statement**  
 If you recently purchased the property send your recorded deed **SPENT**



Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- North (N) on Plot Plan
- Show / Indicate:
- Show Location of (\*):
  - Show Location of (\*):
  - Show Location of (\*):
  - Show Location of (\*):
  - Show any (\*):
  - Show any (\*):
  - Show any (\*):
- All Existing Structures on your Property
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%



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	48 Feet	Setback from the Lake (ordinary high-water mark)	300 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	68 Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	12 Feet	Setback from Wetland	
Setback from the West Lot Line	400 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	40 Feet
Setback to Drain Field			

Setback to Privy (Portable, Composting)  
 Setback 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, or verifiable by the Department by use of a connected 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: **13-075** # of bedrooms: **3** Sanitary Date: **0-7-13**

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: **13-0015** Permit Date: **0-8-13**

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  No  No

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

Is Structure Non-Conforming  Yes  No

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

Yes  No

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: **REVISION GRANTED TO L-10 KUCLED PER 13-122 SO DUCTS ARE NOT**

**RECESS WAS TRIGGERS 13-122 VARIANCE RECOMMENDED TO PROVIDE BURIAL DATE**

Date of Inspection: **2/10/12** Inspected by: **DDC**

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

**A VARIANCE WAS GRANTED FOR THE LOCAL CHARACTER OF THE STRUCTURE AS WELL AS THE DISTANCE FROM THE CENTERLINE OF THE HIGHWAY TO THE CENTERLINE OF THE DRIVEWAY.**

Signature of Inspector: *[Signature]* Date of Approval: **2-10-12**

Hold For Sanitary:  Hold For T.B.A.:  Hold For Affidavit:  Hold For Fees:

1) **THE TOWN & CONDITIONS OF THE VARIANCE & ALTERNATES WAS THE BASIS TO THE CENTERLINE & FUTURE REZONING**

2) **RECESS WAS TRIGGERS 13-122 VARIANCE RECOMMENDED TO PROVIDE BURIAL DATE**

3) **A VARIANCE WAS GRANTED FOR THE LOCAL CHARACTER OF THE STRUCTURE AS WELL AS THE DISTANCE FROM THE CENTERLINE OF THE HIGHWAY TO THE CENTERLINE OF THE DRIVEWAY.**

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13) **RECESS WAS TRIGGERS 13-122 VARIANCE RECOMMENDED TO PROVIDE BURIAL DATE**

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18) **RECESS WAS TRIGGERS 13-122 VARIANCE RECOMMENDED TO PROVIDE BURIAL DATE**

19) **RECESS WAS TRIGGERS 13-122 VARIANCE RECOMMENDED TO PROVIDE BURIAL DATE**

20) **RECESS WAS TRIGGERS 13-122 VARIANCE RECOMMENDED TO PROVIDE BURIAL DATE**