

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

ATTF
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp Received: **MAR 08 2012**
 Bayfield Co. Zoning Dept.

Permit #:	120008	REFUSED
Date:	3/16/12	
Amount Paid:	\$150.00	POS
Refund:	3/12/12	

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: DIRK F. LEACH Mailing Address: 19385 ST HWY 13 Ctr/State/Zip: HERBSTER WI 54844 Telephone: 715 742 3945

Address of Property: 19385 ST. HWY 13 Ctr/State/Zip: HERBSTER WI 54844 Call Phone: _____

Contractor: BAFFIELD CONSTRUCTION Contractor Phone: 715 779 3150 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner's) BAFFIELD CONSTRUCTION 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 Lot(s) 1 CSM 04 Vol & Page 010-2-50-06-06-205 Lot(s) No. 001-09,000 Block(s) No. 010-2-50-06-06-205 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section 6, Township 50 N, Range 6 W Town of: BELL Lot Size _____ Acreage 17

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

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

Distance Structure is from Shoreline: _____ feet Yes No

Ave 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>25K</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> K Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>AT</u>	<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 checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____

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

Proposed Construction: Length: 20 Width: 20 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(_____)	(_____)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
<input type="checkbox"/>	with Loft	(_____)	(_____)
<input type="checkbox"/>	with a Porch	(_____)	(_____)
<input type="checkbox"/>	with (2 nd) Porch	(_____)	(_____)
<input type="checkbox"/>	with a Deck	(_____)	(_____)
<input type="checkbox"/>	with (2 nd) Deck	(_____)	(_____)
<input type="checkbox"/>	with Attached Garage	(_____)	(_____)
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(_____)	(_____)
<input type="checkbox"/>	Mobile Home (manufactured date) _____	(_____)	(_____)
<input type="checkbox"/>	Addition/Alteration (specify) _____	(_____)	(_____)
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>STUDIO</u>	(<u>18 x 20</u>)	(<u>360 Ft²</u>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
<input type="checkbox"/>	Special Use: (explain) _____	(_____)	(_____)
<input type="checkbox"/>	Conditional Use: (explain) _____	(_____)	(_____)
<input type="checkbox"/>	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): Dirk F. Leach Date 3/8/12
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

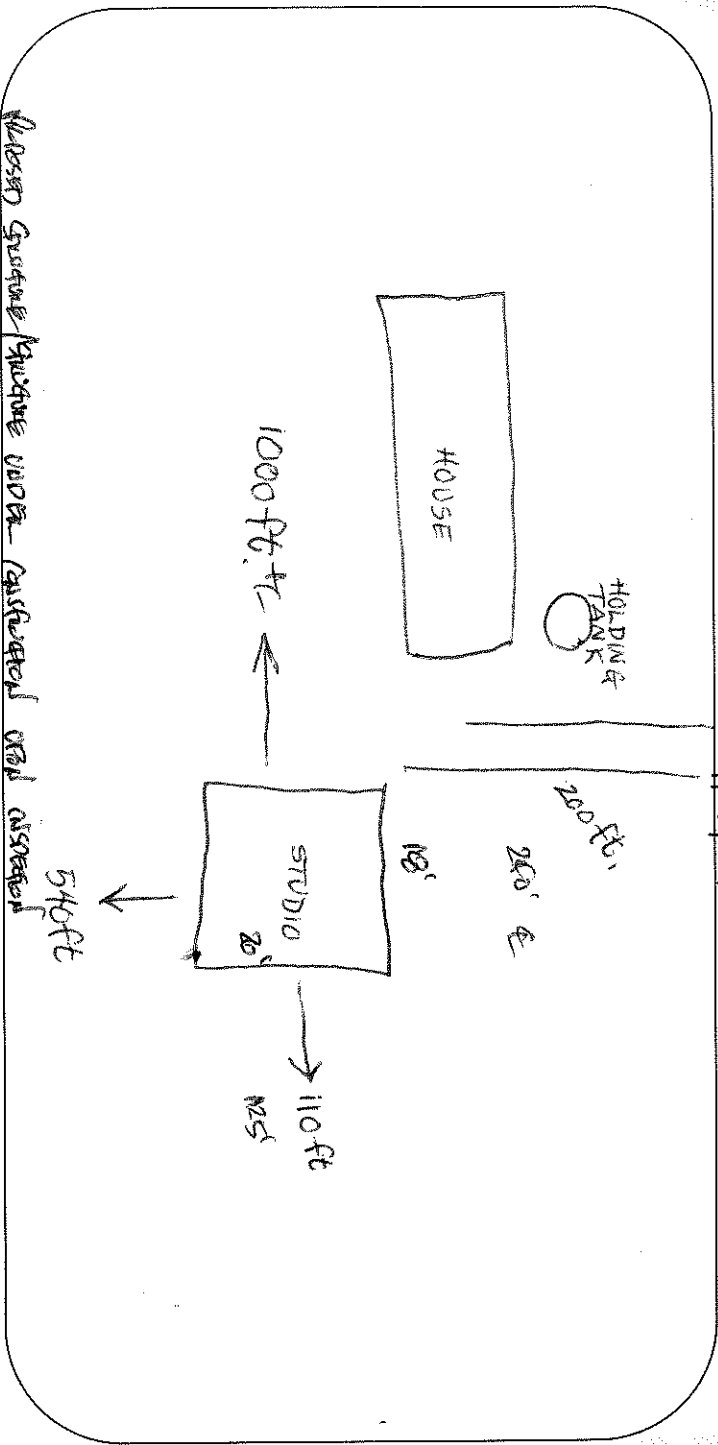
Authorized Agent: Same Date _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address for Assurance: _____ Attach Copy of Tax Statement if you recently purchased the property send your Recorded Deed

MAR 10 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	26' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	544' 13" Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	2200' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	> 700' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	125' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50' Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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, 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit #: 19-0008 Permit Date: 3/16/19

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

Is Parcel in Common Ownership Yes No (Fused/Contiguous Lots) Yes No Mitigation Required Yes No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: Basement structure located as represented by owner. Access to attic car replacement & 12' recessed may be issued. Separate circuit constructed.

Date of Inspection: 2/8/12 Inspected by: DL

Conditions: Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached.)

Signature of Inspector: [Signature] Date of Approval: 3-8-12

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