

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning  
 PO Box 58  
 Washburn, WI  
 (715) 373-6131

APPLICATION FOR PERMIT  
 FIELD COUNTY, WISCONSIN  
 RECEIVED  
 OCT 12 2012  
 Spas

Permit #: 10-0408  
 Date: 10-08-12  
 Amount Paid: \$240.00  
 Refund: 10/15/12

INSTRUCTIONS: No permits will be issued until all required fees are received. Checks are made payable to: Bayfield County. DO NOT START CONSTRUCTION until you have received your permit.  
 Bayfield Co. Zoning Dept.  
 HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUIRED:  B.O.A.  OTHER

Owner's Name: CT Peck + Peggy Trezona Mailing Address: 4433 Adick Ave S Cty/State/Zip: Mpls, MN Telephone: 612-827-5254

Address of Property: 8100 Rowan Pt Rd E Ctn/State/Zip: Corvallis WI 54827 Cell Phone: \_\_\_\_\_

Contractor: Steve Denker Contractor Phone: 715-742-3914 Plumber: Dennis Backlund Plumber Phone: 715-373-2070

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Steve Denker Agent Phone: See above Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached:  Yes  No

PROJECT LOCATION: 1/4, \_\_\_\_\_ 1/4 Legal Description: (Use Tax Statement) 04 010-2-51-06-29-4-05-001-722 PIN: (23 digits) \_\_\_\_\_ Recorded Document: (ie: Property Ownership) Volume 638 Page(s) 27

Section 29, Township S1 N, Range 6 W Town of: Bell Lot Size \_\_\_\_\_ Acreage 2.481

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: \_\_\_\_\_ feet

The Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue → Distance Structure is from Shoreline: 148 feet

Non-Shoreland 110' From top of Bank

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
\$80,000	<input type="checkbox"/> New Construction <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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 Structure: (if permit being applied for is relevant to it) Length: 9 1/2' Width: 7 1/2' Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: 7' Privy Exits Height: \_\_\_\_\_

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 <sup>nd</sup> ) Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck with Attached Garage	( ) ( )	( )
<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)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
	Addition/Alteration (specify) <u>L.R. Kit, Bed, Bath, Hall, Deck</u>	( ) ( )	( )
	Accessory Building (specify) _____	( ) ( )	( )
	Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	( ) ( )	( )
	Conditional Use: (explain) _____	( ) ( )	( )
	Other: (explain) _____	( ) ( )	( )

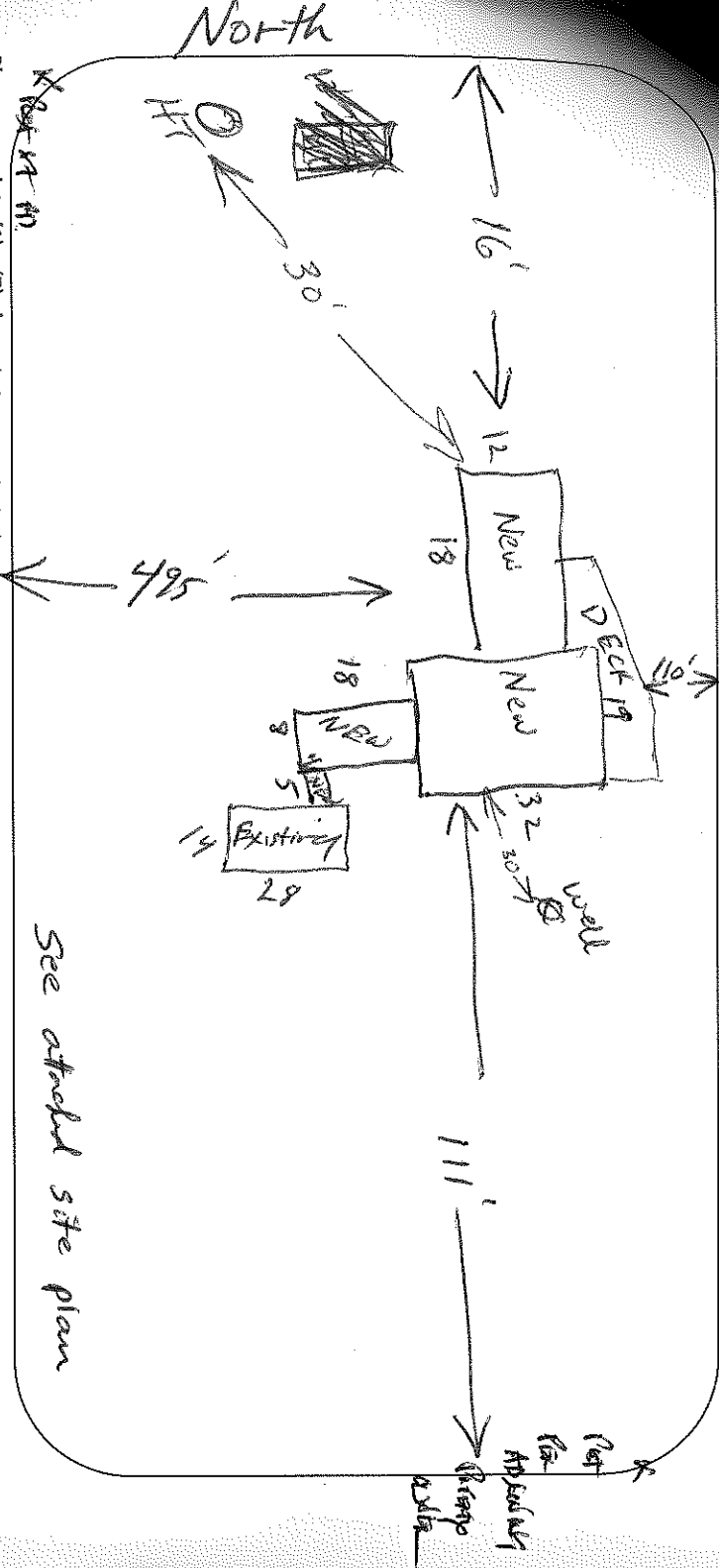
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): \_\_\_\_\_ Date \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Steve Denker Date 10-14-12  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: Steve Denker 88420 Superior Corvallis 54827 Attach \_\_\_\_\_  
 Address to send permit: 00709 2012 If you recently purchased the property send your Recorded Deed

- Sketch your Property (regardless of what you are applying for)
- Location of: Proposed Construction
  - North (N) on Plot Plan
  - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - All Existing Structures on your Property
  - (\*) 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%
- 6) Show any (\*):
- 7) Show any (\*):
- East - Lake Superior



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

(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	495 Feet	Setback from the Lake (ordinary high-water mark)	148 Feet
Setback from the Established Right-of-Way	42 Feet	Setback from the River, Stream, Creek	110 Feet
Setback from the North Lot Line	16 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	111 Feet	Setback from Wetland	
Setback from the West Lot Line	42 Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	148 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	30 Feet
Setback to Drain Field	16 Feet		
Setback to Privy (Portable, Composting)			

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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: 12-1255 # of bedrooms: 3 Sanitary Date: 10-12-12

Permit #: 12-05422 Permit Date: 10-02-10

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

Is Parcel in Common Ownership:  Yes (Fused/Contiguous lot(s))  No

Is Structure Non-Conforming:  Yes  No

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

Was Parcel Legally Created:  Yes  No

Was Proposed Building Site Delineated:  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed:  Yes  No

Inspection Record: **APPROVED RESIDENTIAL ADDITION PERMITS TO MEET SUBSTANTIAL SETBACKS**

**THE ABOVE CHANGES REPRESENTS THE 10 FOOT MAY BE ISSUED**

Date of Inspection: 10-12-12 Inspected by: DK

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

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

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