

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  
 Permit Fee: **1100**  
 NOV 20 2012

Permit # **ENTERED 12-04165**  
 Date: **11-28-12**  
 Amount Paid: **\$12511.00-12**  
 Refund:

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 Co. Zoning Dept.

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: **Mehr, David and Barbara A.** Mailing Address: **118 W 3rd St. Washburn, WI 54891** Telephone: **N/A**

Address of Property: **County Highway C** City/State/Zip: **Washburn, WI 54891** Cell Phone: **715-209-0411**

Contractor: **SPR** Contractor Phone: **Plumber:** Written Authorization Attached  Yes  No

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

PROJECT: **APPROXIMATELY NEW NEKE DISPOSED** Legal Description: (Use Tax Statement) **12.500** Recorded Document: (i.e. Property Ownership) **10/11/10** Page(s) **999/982**

Section **35** Township **50** N. Range **6** W. Town of: **SPR** Lot Size: **1.25** Acres

**USE THE N1/2 N1/4 OF THE N1/4 AND 1/4 OF THE WEST 1/4 OF THE N1/2 N1/4 NW 1/4 SE 1/4**

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent)  If Yes—continue → Distance Structure is from Shoreline: **140 feet** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes—continue → Distance Structure is from Shoreline: **140 feet** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes—continue → Distance Structure is from Shoreline: **140 feet** feet

Value at Time of Completion **\$18000** Project (What are you applying for?)  New Construction  Addition/Alteration  Conversion  Relocate (existing bldg)  Run a Business on Property

# of Stories and/or basement:  1-Story  2-Story  3-Story  Seasonal  Year Round

Use:  Residential  Commercial  Industrial  Other

# of bedrooms:  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100

What Type of Sewer/Sanitary System is on the property?  Municipal/City  (New) Sanitary  Sanitary (Exists) Specify Type:  Privy (Pri) or  Vaulted (min 200 gallon)  Portable (w/service contract)  None

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: 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> ) Porch	( ) ( ) ( )	( )
	with a Deck	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
	with Attached Garage	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( ) ( ) ( )	( )
	Accessory Building (specify) <b>Personal Metal Storage Building</b>	( ) ( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
	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): **David Mehr** Date: **11/15/12**  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

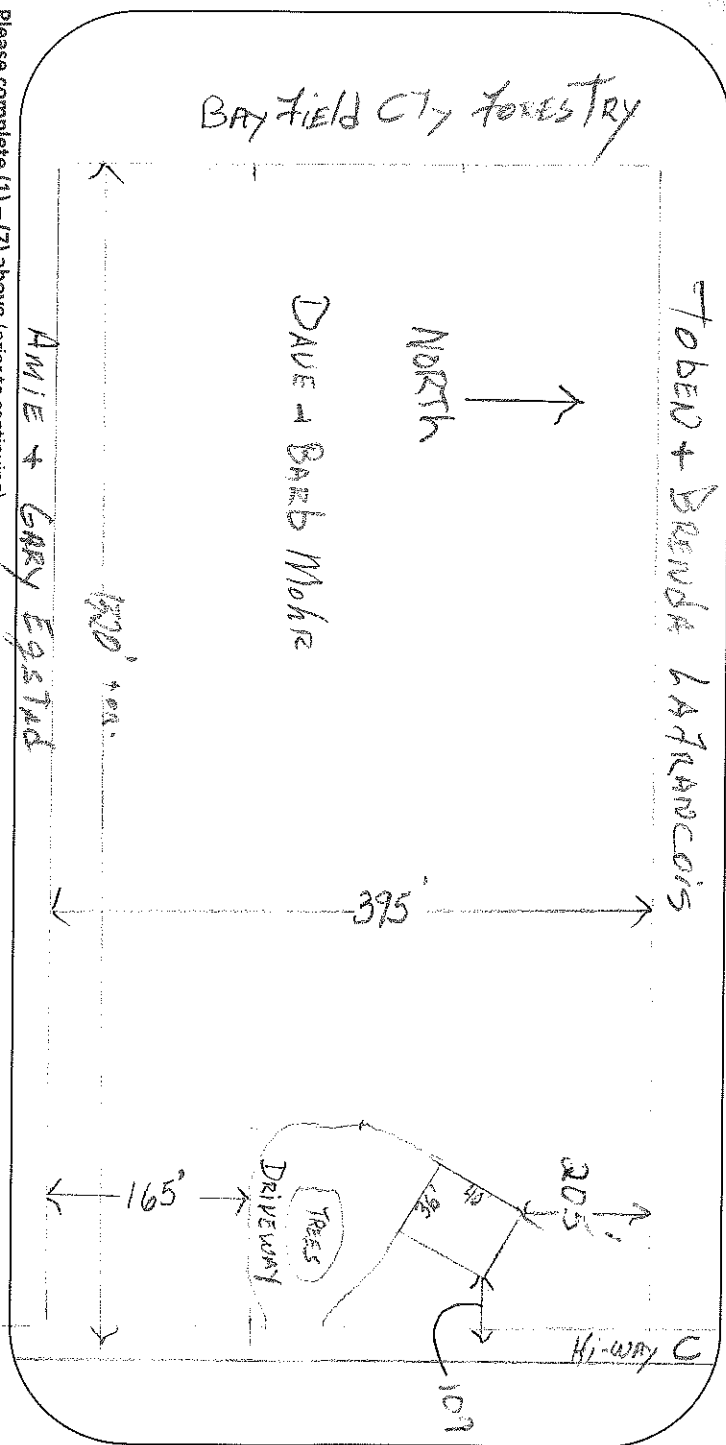
Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_ Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch Your Property (regardless of what you are applying for)

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



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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	205 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	190 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	170 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	109 Feet	Elevation of Floodplain	1450 Feet
Setback to Septic Tank or Holding Tank	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 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: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 12-0415 Permit Date: 1-28-12

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  Yes (Fused/Contiguous Lots)  No

Is Parcel in Common Ownership  Yes  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: Revised Surveyed location of tanks installed by owner. Affects to

Date of Inspection: 1-21-12 Inspected by: DJC Date of Re-Inspection: \_\_\_\_\_

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

Signature of Inspector: [Signature] Date of Approval: 1-26

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

DAVE + BARB MOHR ARE USED FOR PLANS SUBMITTED ON EARLY SITE ADDRESS AS APPLICABLE

ZONING, SANITARY & PLANNING CODES ARE MET