

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
 Bayfield Co. Zoning Dept.
 NOV 06 2012

Permit #: 13-0059
 Date: 1-25-13
 ENTERED Paid:
 Return:

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: Mark Wilson Mailing Address: 22675 Elm Street City/State/Zip: Bayview WI 54827 Telephone: 715 262 9226

Address of Property: Elm St. City/State/Zip: Bayview WI 54827 Call Phone: _____

Contractor: SEK Contractor Phone: _____ Plumber: M/A Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): W 1/4 Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 PIN: (23 digits) 04-00-256-06-341 1,00 228 05 000
 Gov't Lot 7 Lots 8-10 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Wedge of Bayview Page(s) _____

Section 38, Township 51 N, Range 6 W Town of: Bay Lot Size _____ Acreage 0.489

Shoreland → Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If yes—continue → Distance Structure is from Shoreline: _____ feet

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

Non-Shoreland

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
\$ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> <u>Other</u>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input type="checkbox"/> <u>M/A</u>	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input 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: _____ Width: _____ Height: _____

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(X)	
<input type="checkbox"/>	Residential Use with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(X)	
<input type="checkbox"/>	Commercial Use Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Accessory Building (specify)	(X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Special Use: (explain) <u>Special Use: Home Based Business</u>	(X)	<u>M/A</u>
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/>	Other: (explain)	(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 times for the purpose of inspection.

Owner(s): Mark Wilson Pauline M. Gornowicz Date 11/06/2012
 (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 _____
 (If you recently purchased the property send your Recorded Deed _____)

APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
 Attached
 SENT
 ZONING

Your Property (regardless of what you are applying for)

- 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%

See Attached Site Plan
 ATANK PHOTO'S

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	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	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 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) Sanitary Number: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 13-0009 Permit Date: 1-25-13

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No
 Is Structure Non-Conforming Yes No

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

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: Worked lot as a private sewage object. Cobble primary reservoir Zoning District: (LC)
is adjacent area supervisor, chain uses the year would's setback residuals Lakes Classification: (-)

Date of inspection: 11-30-12 Inspected by: DRC Date of Re-Inspection:

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

Signature of Inspector: [Signature] Date of Approval: 12/26/12

Hold For Sanitary: Hold For TBA: X Hold For Affidavit: Hold For Fees: Date of Re-inspection: 12/26/12

Hobby Farm/Home Based Business



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NOTE - OWNER'S PRIMARY RESIDENCE IS TO THE EAST (RIGHT) OF THE VACANT PARCEL

