

REMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 55
 Washburn, WI 54891
 (715) 573-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
 Date Rec'd: 08/24/2012
 Bayfield Co. Zoning Dept.

ENTERED
 Amount Paid: \$125.00 PDS
10/24/12
 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. 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: Celeste Annara Finn Mailing Address: 230 W C 4th St City/State/Zip: Daluth Minn 55806 Telephone: _____
 Address of Property: Hiway C City/State/Zip: _____ Cell Phone: 218-348-3772
 Contractor: _____ Contractor Phone: _____ Plumber: _____
 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: SE 1/4, NE 1/4, SW 1/4 of SE 272 of SE 272 Gov't Lot: _____ Lots: 2 CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____
 Section 22, Township SO, Range 6 W Town of: Bell Subdivision: Pearl Lake Woods Recorded Document: (i.e. Property Ownership) Volume 1088 Page(s) 659
 Lot Size _____ Acreage 3.36

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
 Distance Structure is from Shoreline: 900 feet Yes No
 Are Wetlands Present? Yes No

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
\$5000	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" 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) <input type="checkbox"/> Privy (Pit) or 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 <input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 16 Width: 24 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 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>16</u> x <u>24</u>) (<u>16</u> x <u>8</u>)	<u>384</u> <u>128</u>
<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)	(<u> </u> x <u> </u>) (<u> </u> x <u> </u>)	<u> </u> <u> </u>
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(<u> </u> x <u> </u>) (<u> </u> x <u> </u>) (<u> </u> x <u> </u>)	<u> </u> <u> </u> <u> </u>
	Special User: (explain) _____ Conditional User: (explain) _____ Other: (explain) _____	(<u> </u> x <u> </u>) (<u> </u> x <u> </u>) (<u> </u> x <u> </u>)	<u> </u> <u> </u> <u> </u>

Record for Issuance: APR 04 2013

Secretarial Staff: _____
 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.

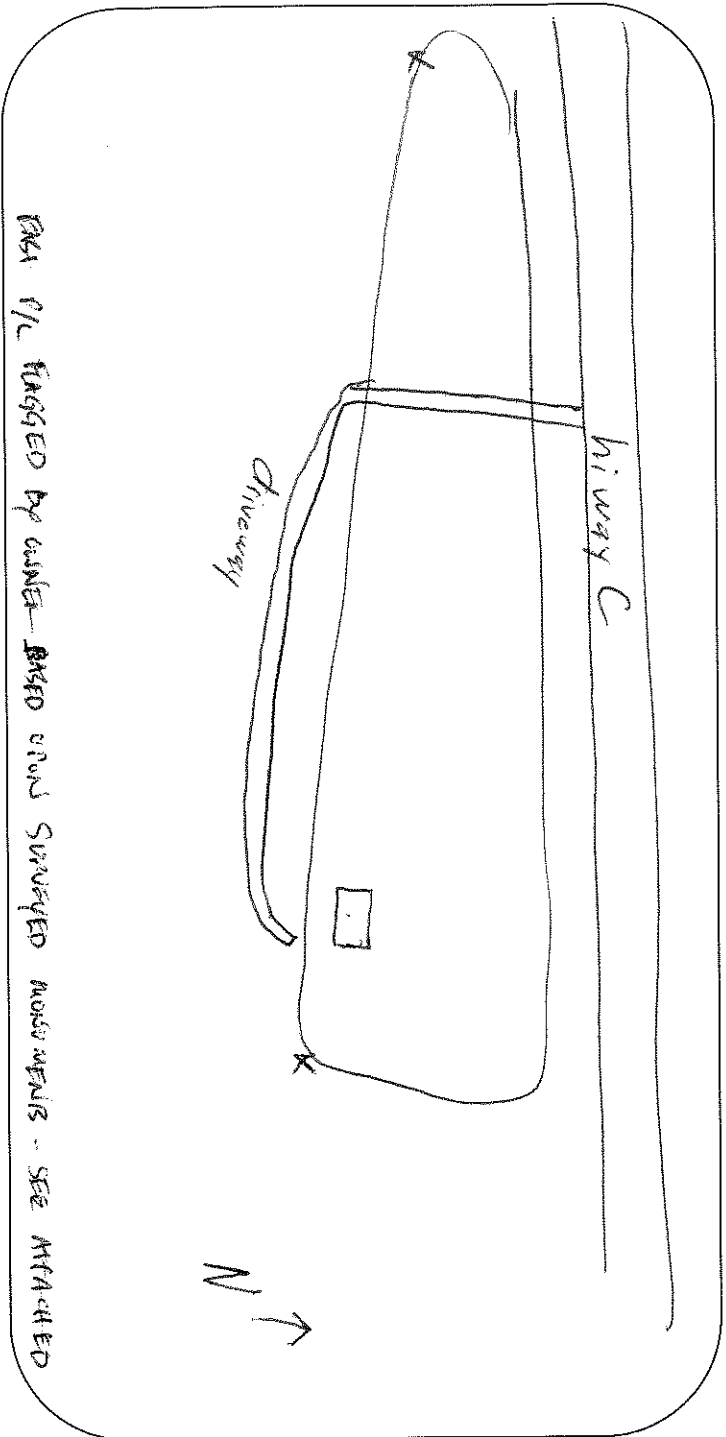
Owner(s): Celeste Finn Date 10-24-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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
 If you recently purchased the property send your Recorded Deed

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 (*):



RCA PL TAGGED BY OWNER BASED ON SURVEYED MOOSE MEANS - SEE ATTACHED

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	300 Feet	Setback from the Lake (ordinary high-water mark)	900 Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	800' 20 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	20' 800 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 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)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 13-0038	Permit Date: 4-4-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Record: PROPOSED SEWER LOCATION IS REPRESENTED BY SUBMITTAL		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RIGHTS TO NEW REPAIRABLE SEWER REQUIREMENT.		
Date of Inspection: 10-31-12	Inspected by: DL	Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached				
NO FUNDING WATER ANY AFTER NOT ANY ANY PUMPING PIPES; BE INSTALLED AND THE SYSTEM				
STAKE WITH THE STRUCTURE IS SERVED BY A SUITABLE & APPROVED ON-SITE WASTE TREATMENT SYSTEM				
A UNIFORM PLUMBING CODE DEVIAT (VOC) FROM THE LOCAL ADAPTED VOC INSPECTED AGENCY				
Signature of Inspector:	<i>[Signature]</i>	Date of Approval:	10-31-12	
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

**BAYFIELD COUNTY
SANITARY PERMIT APPLICATION**

\$150.00

Zoning District
Lakes Class

I. APPLICATION INFORMATION
(Please Print All Information)

Property Owner's Name: Celeste Finn County: Bayfield

Address of Property: Co Hwy C Property Location: SE 1/4 NE 1/4 S 22 T 50 N R 6 E (or) W

Property Owner's Mailing Address: 250 W 6th St Township: Bell Gov. Lot #: _____

City/State: Duluth MN Zip Code: 55806 Phone Number: 2187485772 Lot #: 2 Block #: _____ Subdivision Name or CSM #: _____

II. TYPE OF BUILDING (Check One)

State Owned

Public (Explain the use/purpose _____)

1 or 2 Family Dwelling - No. of Bedrooms: 1 Parcel ID: 010250062210024602000

III. TYPE OF PERMIT (Check only one box on line A. Check box on line B, if applicable)

A) New Replacement County Private Interceptor

Reconnection Repair Revision Transfer of Owner (List Previous Owner below)

B) A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

C) Pit Privy Vault Privy (Vault size: 200 gallons or _____ cubic yards)

Portable Privy Camping Transfer Unit Container Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Incht)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)

VI. TANK INFORMATION:

	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New	Existing									
Septic Tank or Holding Tank					<u>ABC Tanks</u>						
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's / Owner's Name: (Print) Celeste A Finn Plumber's / Owner's Signature: (No Stamps) Celeste A Finn MP/M/PRSW No.: _____

Plumber's Address: (Street, City State, Zip Code) 230 W 6th St. Duluth Minn 55806 Home Phone: 218-348-3778 Business Phone: SAME

VIII. COUNTY / DEPARTMENT USE ONLY

	Sanitary Permit/Transfer Fee:	Date Issued:	Issuing Agent's Signature / Date:
<input checked="" type="checkbox"/> Approved	<u>\$150.00 FOS</u>	<u>4-4-13</u>	<u>[Signature]</u> <u>10-31-12</u>
<input type="checkbox"/> Disapproved			
<input type="checkbox"/> Owner Given Initial Adverse Determination			

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Rec'd for Issuance
APR 04 2013
Plot Plan on reverse side
Secretarial Staff

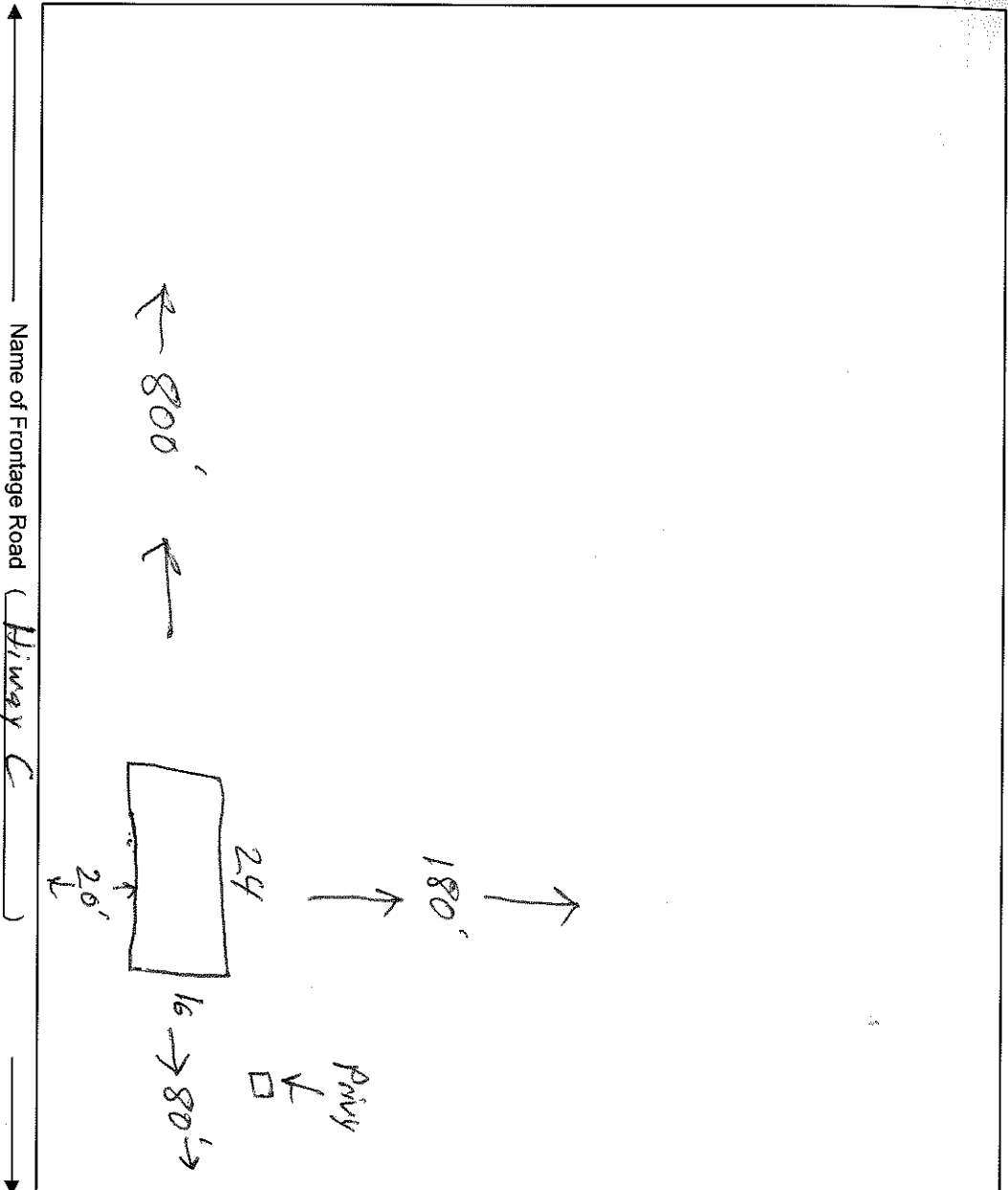
SECRETARIAL STAFF

APR 04 2013	Conditional Use: (explain)	Other: (explain)
<input type="checkbox"/>		
<input checked="" type="checkbox"/>		

SECRETARIAL STAFF
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): Celeste A Finn Date: 10-24-12
(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)




1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond
 - o. Well to building

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

u/forms/sanitary/bayfieldcounty/sanitaryapplication
Revision requested by: dc (4/17/12)

Proofed by: KLK

Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Placed structure location as represented by under/ground areas to meet KRUPPABLE SERVICE REQUIREMENTS?		
Date of inspection:	10-31-12	Inspected by:	DKL
Conditions(s): Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached)		
<p>NO FUNDING DATA ANY RASTER NOT ANY PUMPING FIXTURES BE INSTALLED BY/IF THE SERVICE WITH THE STRUCTURE IS SERVED BY A SURFACE & APPROVED ON-SITE WASTE TREATMENT SYSTEM A UNIFORM OVERLAP CODE PERMIT (UDC) FROM THE LOCALY CONTRACTED VOC INSPECTION AGENCY</p>			
Signature of Inspector:			Date of Approval:
Hold For Sanitary:	<input checked="" type="checkbox"/> <input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>	Hold For Approval:	<input type="checkbox"/> <input type="checkbox"/>

©January 2012 OK MK 10-31-12 MUST BE OBTAINED PRIOR TO RELOCATION OF STRUCTURE