

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

**APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)
RECEIVED
 SEP 16 2013

Permit #:	13-0325	ENTERED
Date:	9-23-13	
Amount Paid:	120.00	
Refund:	90 9-16-13	

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 County Department THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: GARY & AMIE EGSTAD
Address of Property: S A M E
Contractor: S A M E
Authorized Agent: (Person Signing Application on behalf of Owner(s))

Mailing Address: 82855 CTH C
City/State/Zip: CORNUCOPIA WI 54827
Contractor Phone: S A M E
Plumber:
Agent Phone:
Agent Mailing Address (include City/State/Zip):

Telephone: 920-636-5649
Cell Phone: 920-213-1727

PROJECT LOCATION: Section 35, Township 50 N, Range 06 W
Legal Description: (Use Tax Statement) PIN: (23 digits) 04-010-2-50-06-35-2 01-000-01780 Volume 1013 Page(s) 192
 So. 1/4, NW 1/4, SE 1/4, NE 1/4 of NW 1/4 with West of Hwy C
 less W. 198' TRAPEZOID + 5485' OF NW NE WITH WEST OF HWY C
 Section 35, Township 50 N, Range 06 W
 Town of: BELL

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No
Are 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
\$40,000	<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 type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" 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 Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: FIELD <input type="checkbox"/> Privy (Pri) 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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 64' Width: 54' Height: 25'1"

Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X X)	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/> Municipal Use	with Loft	(X X)	
	with a Porch	(X X)	
	with (2 nd) Deck	(X X)	
	with Attached Garage	(X X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X X)	
	Mobile Home (manufactured detel)	(X X)	
	Addition/Alteration (specify)	(X X)	
	Accessory Building (specify) Pole Avilo. w/ metal	(54 X 64)	3456
	Accessory Building Addition/Alteration (specify)	(X X)	
	Special User: (explain)	(X X)	
	Conditional User: (explain)	(X X)	
	Other: (explain)	(X 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 time for the purpose of inspection.

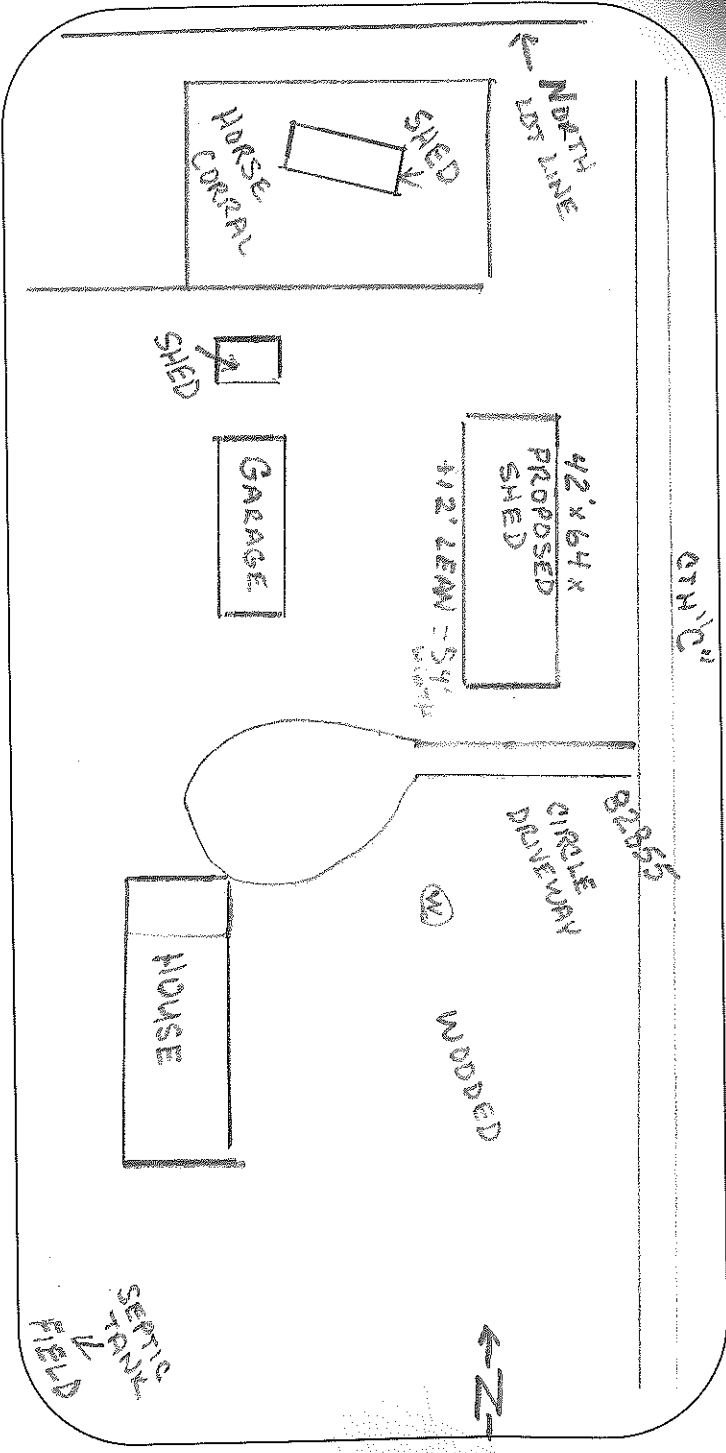
Owner(s): Gary Egstad, Amie Egstad
 (if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 9-16-13

Address to send permit: 82855 CTH C CORNUCOPIA WI 54827
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 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)

- Show Location of:
- (1) Show / Indicate:
 - (2) Show Location of (*):
 - (3) Show Location of (*):
 - (4) Show:
 - (5) Show:
 - (6) Show any (*):
 - (7) Show any (*):
- 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%



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	15' ^{Measurement}	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	102' Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	56' Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	846' Feet	Setback from Wetland	
Setback from the West Lot Line	103' Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	96' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	251' Feet	Setback to Well	110' Feet
Setback to Drain Field	275' Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure more than ten (10) 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 marked by a licensed surveyor at the owner's expense.

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 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 #: B-0335 Permit Date: 9-23-13

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

Is Structure Non-Conforming: Yes No

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

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

Was Proposed Building Site Delineated: Yes No STAKED Was Property Surveyed: Yes No X No

Inspection Record: STAKED LOCATION OF PROPOSED STRUCTURE MEASURED 18' FROM R.O.W. OF COUNTY HWY. C. LAND SURVY BETWEEN TOEPOSTER WHITE TO EXTEND SURVEYSHIP TO R.O.W. OF HWY. C.

Inspected by: _____ Date of Re-Inspection: _____

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

Accessories NOT APPROVED FOR HOUSE INSTALLATION. FURTHER EXTENSION OF STRUCTURE SHALL BE AT LEAST 75' FROM CENTER LINE OF COUNTY HWY C OR 42' FROM THE ESTABLISHED R.O.W. WHICHEVER IS GREATER.

Signature of Inspector: _____ Date of Approval: 9-23-13

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