

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  
 Date Stamp (Received)  
 SEP 19 2013  
 Bayfield Co. Zoning Dept.

Permit #:	13-0346
Date:	10-8-13
Amount Paid:	\$775
Refund:	10-8-13

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. 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: Darrell & Joan Schierman  
 Mailing Address: PO Box 113  
 City/State/Zip: Webster WI 54844  
 Telephone: 715 342 3911  
 Call Phone: 209 6637 (315)

Address of Property: 19505 S1 Hwy 13  
 City/State/Zip: Cornucopia WI 54827  
 Contractor: Self  
 Contractor Phone: \_\_\_\_\_  
 Plumber: Tony Pollock  
 Plumber Phone: \_\_\_\_\_  
 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: SW 1/4, NE 1/4  
 Gov't Lot: \_\_\_\_\_  
 Lot(s): \_\_\_\_\_  
 CSM: \_\_\_\_\_  
 Vol & Page: \_\_\_\_\_  
 Lot(s) No.: \_\_\_\_\_  
 Block(s) No.: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Recorded Document: (i.e. Property Ownership) Volume 824 Page(s) 1041

Section 6, Township 50 N, Range 6 W  
 Town of: Bell  
 Lot Size: \_\_\_\_\_  
 Acreage: 17

West 1/2 of South of Hwy

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain?  If yes---continue  If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If yes---continue  If yes---continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet

Value at Time of Completion: \$2,000 (What are you applying for?)

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> A Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	
<input type="checkbox"/> Relocate (existing bid)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

What Type of Sewer/Sanitary System Is on the property? \_\_\_\_\_

Existing Structure: (if permit being applied for is relevant to it) Length: 201' Width: 11' Height: 9'

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	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 a Deck	with (2 <sup>nd</sup> ) Deck	with Attached Garage	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	Mobile Home (manufactured date)	Addition/Alteration (specify)	Accessory Building (specify)	Accessory Building Addition/Alteration (specify)	Special Use: (explain)	Conditional Use: (explain)	Other: (explain)	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use																			
<input type="checkbox"/> Commercial Use																			
<input type="checkbox"/> Municipal Use																			
Rec'd for Issuance																			
OCT 08 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): Darrell & Joan Schierman Date 9/17/13  
 (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) Attach  
 Address to send permit: \_\_\_\_\_  
 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)*

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

See attached Plot Plans from Previous approved applications.

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept.


Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1600 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	110 Feet	Setback from the River, Stream, Creek	104 Feet
Setback from the North Lot Line	110 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	730 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	160 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	570 Feet	Elevation of Floodplain	104 Feet
Setback to Septic Tank or Holding Tank	250 Feet	Setback to Well	Under Deck on House Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

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 marked by a licensed surveyor at the owner's expense.

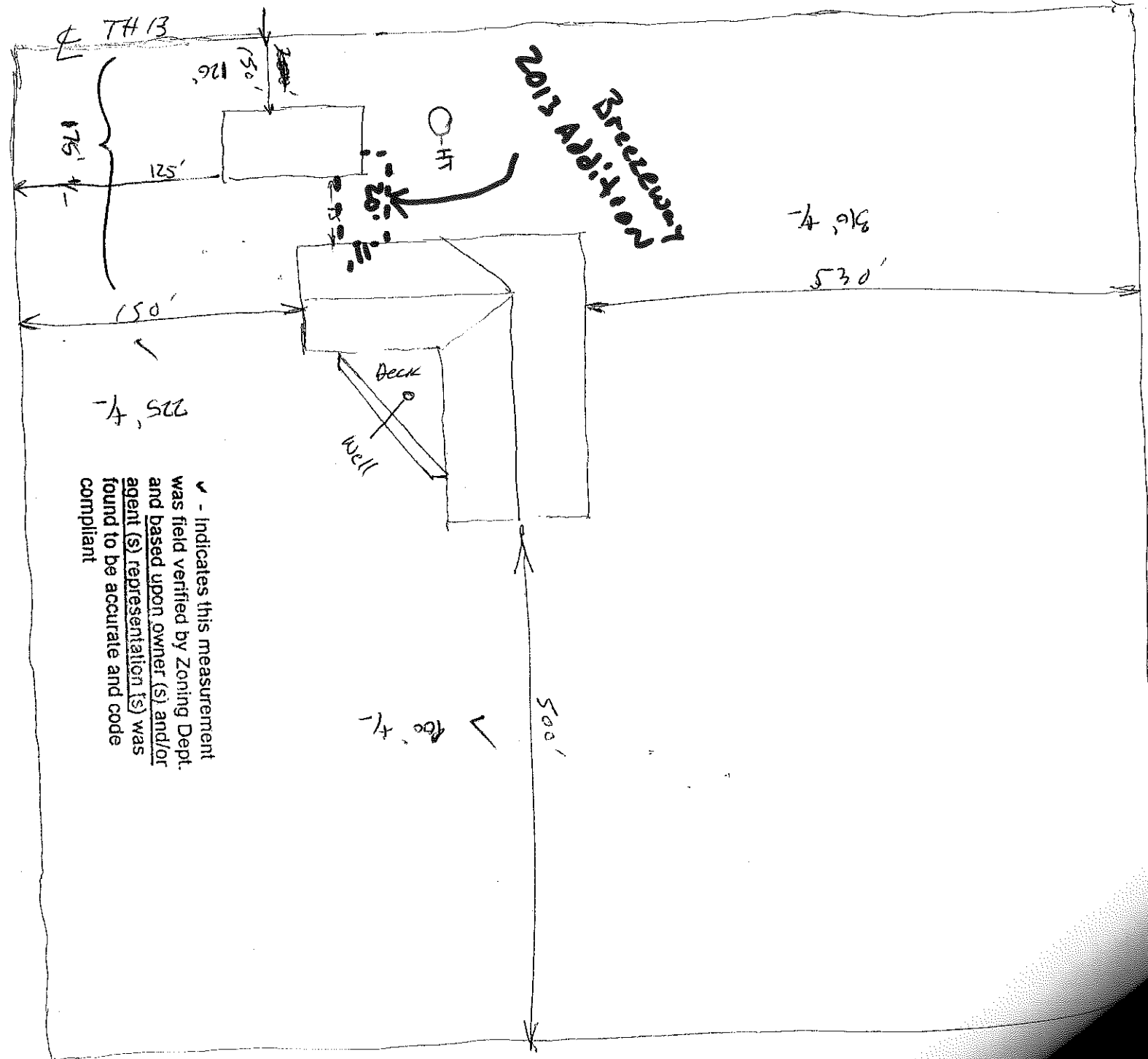
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>13-1165</u>	# of bedrooms: _____	Sanitary Date: <u>10-8-13</u>
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>13-0346</u>	Permit Date: <u>10-8-13</u>			
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District <input type="checkbox"/> Lakes Classification ( - )
Inspection Record: <u>Proposed Construction activity appears to meet all Code Requirements. OK to issue Lead Use Permit.</u>		Inspected by: <u>Robert Schirman</u>		
Date of Inspection: <u>9/18/2013</u>		Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)		
Signature of Inspector: 		Date of Approval: <u>9/20/2013</u>		
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"/> _____	

19505 St Hwy 13



✓ - Indicates this measurement was field verified by Zoning Dept. and based upon owner (s) and/or agent (s) representation (s) was found to be accurate and code compliant

2013 Addition  
Breakaway

Deck  
Well

7413

175'

150'

500'

530'

125'

150'

