

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

RECEIVED
 JUN 05 2013

Permit #: 13-0201
 Date: 7-19-13
 Amount Paid: \$3756.66
 Refund:

ENTERED

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. 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: Paul D. Rimmerleid Mailing Address: 14920 44th Ave N City/State/Zip: Raynorch, MN. 55446 Telephone: _____

Address of Property: 20855 Siskiwit Shores Drive City/State/Zip: Cornucopia, WI. 54827 Cell Phone: 1-612-720-9720

Contractor: GRANGER BUILDERS INC Contractor Phone: 715-226-3269 Plumber: BAKEMAN PUMBS & HEATING INC Plumber Phone: 1-715-682-6050

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-278-3269 Agent Mailing Address (include City/State/Zip): 65166 Main St. Marenko WI. 54855 Written Authorization Attached Yes No

PROJECT LOCATION: Parcel 14920 44th Ave N, Lot 1 & 2, Washburn, WI 54891 PIN: (23 digits) 04-010-2-80-06-20-1-05-001-07000 Recorded Document: (i.e. Property Ownership) Volume 1044 Page(s) 415 265

Section 20, Township 50 N, Range 06 W Town of: BELL Lot Size _____ Acreage 1.080

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) 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 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: 90 feet 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
\$ <u>125,000.00</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conventional</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing diag)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (If permit being applied for, is relevant to it) Length: 32' Width: 27' Height: _____

Proposed Construction: Length: 32' Width: 27' Height: 30'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (First structure on property)	(<u>27</u> X <u>32</u>)	<u>864</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____ X _____)	_____
	<input type="checkbox"/> with Loft	(<u>18</u> X <u>27</u>)	<u>486</u>
	<input type="checkbox"/> with a Porch	(_____ X _____)	_____
	<input type="checkbox"/> with (2 nd) Porch	(_____ X _____)	_____
	<input type="checkbox"/> with a Deck	(<u>5</u> X <u>27</u>)	<u>135</u>
	<input type="checkbox"/> with (2 nd) Deck	(<u>5</u> X <u>27</u>)	<u>135</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(_____ X _____)	_____
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(_____ X _____)	_____
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>2nd Story & Decks</u>	(_____ X _____)	_____
	<input type="checkbox"/> Accessory Building (specify) _____	(_____ X _____)	_____
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____ X _____)	_____
	<input type="checkbox"/> Special Use: (explain) _____	(_____ X _____)	_____
	<input type="checkbox"/> Conditional Use: (explain) _____	(_____ X _____)	_____
	<input type="checkbox"/> Other: (explain) _____	(_____ X _____)	_____

Rec'd for Issuance
JUL 19 2013

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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

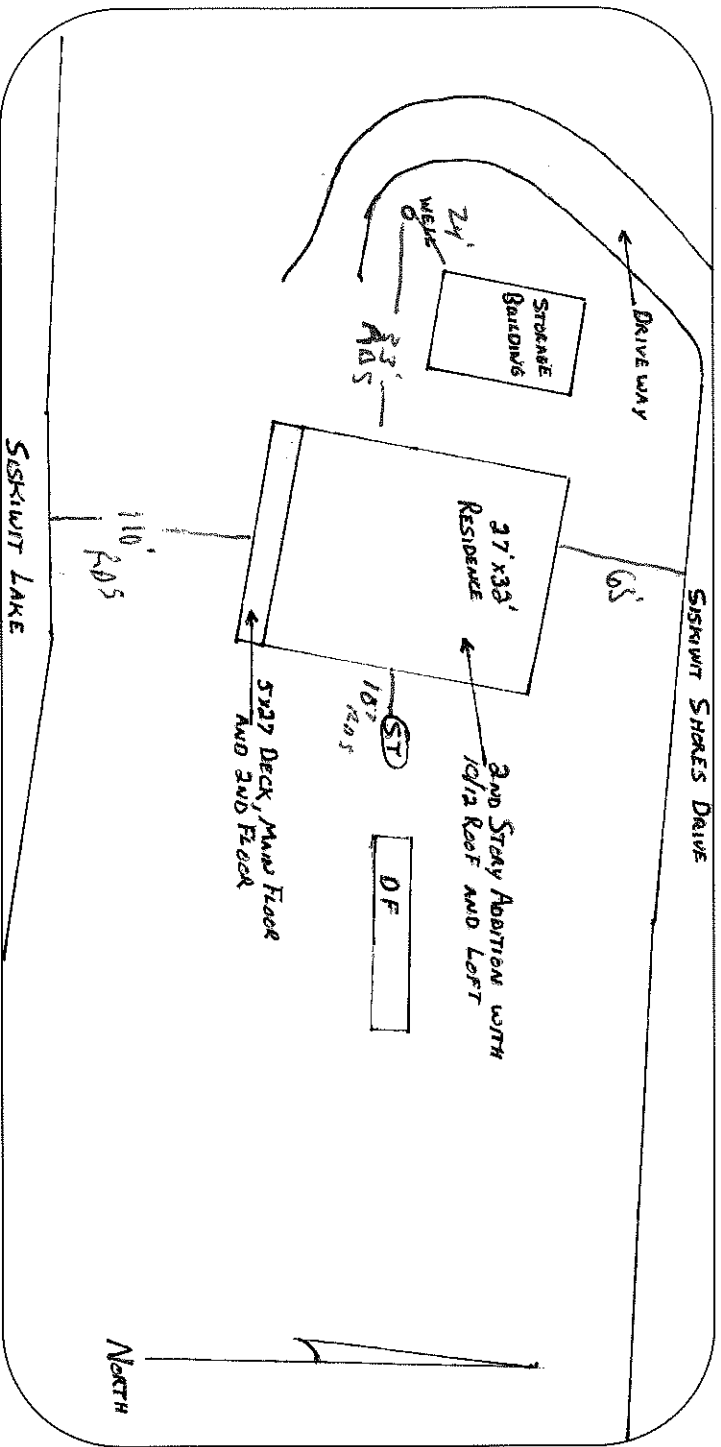
Authorized Agent: Walter D. Marenko Date 6/4/2013
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 65166 Main Street, Marenko, WI. 54855 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)

- (1) Show location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (* 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%



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	7.50 Feet	Setback from the Lake (ordinary high-water mark)	90 Feet
Setback from the Established Right-of-Way	60 Feet	Setback from the River, Stream, Creek	NSA Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	NSA Feet
Setback from the South Lot Line	90 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	35 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	NA 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: <u>13-6605</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>7-19-13</u>		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>13-0801</u>	Permit Date: <u>7-19-13</u>					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input 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"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>NSA</u>	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>NSA</u>			
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No			
Inspection Record: <u>Buffer, street & well vegetation. No Sanitary Permit History found.</u>		Date of Inspection: <u>6/13/2013</u>		Inspected by: <u>Robert Schurman</u>	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)						
Signature of Inspector:				Date of Approval: <u>7/19/2013</u>		
Hold For Sanitary: <input checked="" type="checkbox"/> Here	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

7/18/2013
RNS