

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 26 2012
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 12-0401
 Date: 10-8-12
 Amount Paid: \$75
 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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: David P. Capas / Kevla Grass Mailing Address: PO Box 241 City/State/Zip: Cornell WI 54732 Telephone: N/A

Address of Property: 8995 de Lk Rd. City/State/Zip: Cable WI 54821 Call Phone: 715-456-1114

Contractor: SELF Contractor Phone: 715-456-7116 Plumber: N/A Plumber Phone: N/A

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

PROJECT LOCATION Legal Description: (Use Tax Statement) PLM 23 digts) 04-012-2-43-08-20-2-02-000-10000 Recorded Document: (i.e. Property Ownership) 10477 Page(s) 93

NW 1/4, NW 1/4 Gov't Lot: _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 20, Township 43 N, Range 08 W Town of: Cable Lot Size _____ Acreage 40

Shoreland Non-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: 150' feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue 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
\$ <u>500.00</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> ACWC
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<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	

Existing Structure: (if permit being applied for is relevant to it) Length: 28' Width: 24' Height: 19'

Proposed Construction: Length: 20' Width: 10' Height: 6' Deck

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>54' X 22'</u>)	<u>1188</u>
	<input type="checkbox"/> Residence (i.e. Cabin) hunting shack, etc.)	(<u>54' X 22'</u>)	
	<input type="checkbox"/> with Loft	(<u>54' X 22'</u>)	
	<input type="checkbox"/> with a Porch	(<u>54' X 22'</u>)	
	<input type="checkbox"/> with (2 nd) Deck	(<u>54' X 22'</u>)	
	<input type="checkbox"/> with a Deck	(<u>54' X 22'</u>)	
	<input type="checkbox"/> with (2 nd) Deck	(<u>54' X 22'</u>)	
	<input type="checkbox"/> with Attached Garage	(<u>54' X 22'</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, gr <input type="checkbox"/> sleeping quarters, gr <input type="checkbox"/> cooking & food prep facilities)	(<u>54' X 22'</u>)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(<u>54' X 22'</u>)	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>add 2nd story deck</u>	(<u>10' X 20'</u>)	<u>200</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(<u>10' X 20'</u>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>10' X 20'</u>)	
	<input type="checkbox"/> Special Use: (explain) _____	(<u>10' X 20'</u>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u>10' X 20'</u>)	
	<input type="checkbox"/> Other: (explain) _____	(<u>10' X 20'</u>)	

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.

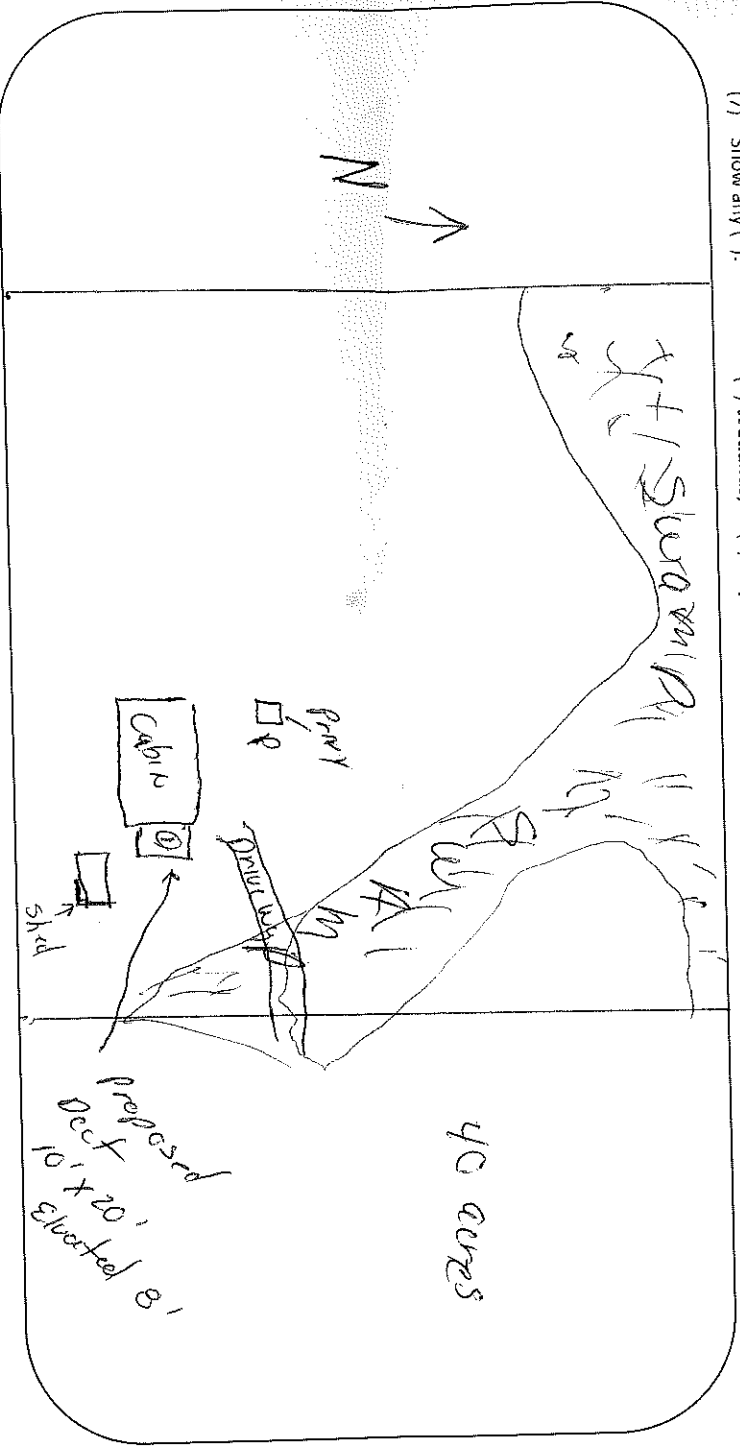
Owner(s): David P. Capas / Kevla Grass Date 9-24-12
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 Record for Issuance: _____ Attach _____
 Address to send permit: P.O. Box 241 Cornell WI 54732 Copy of Tax Statement
09/28/2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: 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 (*):



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	N/A Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	750+ Feet
Setback from the North Lot Line	1200 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1200 Feet	Setback from Wetland	300 ft Feet
Setback from the West Lot Line	920 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	460 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	60 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 Dwelling: 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 #: 12-0401 Permit Date: 10-8-12

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	Is Structure Non-Contiguous Lot(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	_____	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	_____
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District	<u>F-1</u>
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Lakes Classification	<u>3</u>

Inspection Record:

Date of Inspection: 10-4-12 Inspected by: M. Fucala

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

Signature of Inspector: Michael Fucala Date of Approval: 10-8-12

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