

✓ 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): OCT 16 2012
Bayfield Co. Zoning Dept.

Permit #:	12-0463
Date:	11-28-12
Amount Paid:	\$1000 10-24-12
Refund:	10-17-12 ENTER

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: Shirley & Amy L. Higgins Mailing Address: 2217 E Lake Blvd., Minnepais, WI 54855 City/State/Zip: Cable, WI 54821 Telephone: 715 739 1078

Address of Property: 14500 Resort Road City/State/Zip: Cable, WI 54821 Cell Phone: _____

Contractor: WADE SPARS Contractor Phone: 715-739-6916 Plumber: _____ 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: 1/4, _____ 1/4 Gov't Lot 3 Lot(s) 1 CSM 12217-318 Lot(s) No. _____ Block(s) No. _____ Recorded Document (i.e. Property Ownership) Volume 939 Page(s) 389 Subdivision: _____

Section 05, Township 43 N, Range 07 W Town of: Cable Lot Size 108' x 280' W Acreage 3.450

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 Shoreland: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → Distance Structure is from Shoreline: 45-50 feet

Value at Time of Completion *include donated time & material: \$40,000

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
<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 type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conduit/Pit</u>	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 82' Width: 26' Height: 34'

Proposed Construction: Length: 20' Width: 12' Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	() X)	
	with (2 nd) Deck	() X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X)	
	Addition/Alteration (specify) <u>COVERED ENTRY</u>	(20' X 12')	<u>240SF</u>
	Accessory Building (specify) _____	() X)	
	Accessory Building Addition/Alteration (specify) _____	() X)	
	Special Use: (explain) _____	() X)	
	Conditional Use: (explain) _____	() X)	
	Other: (explain) _____	() 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.

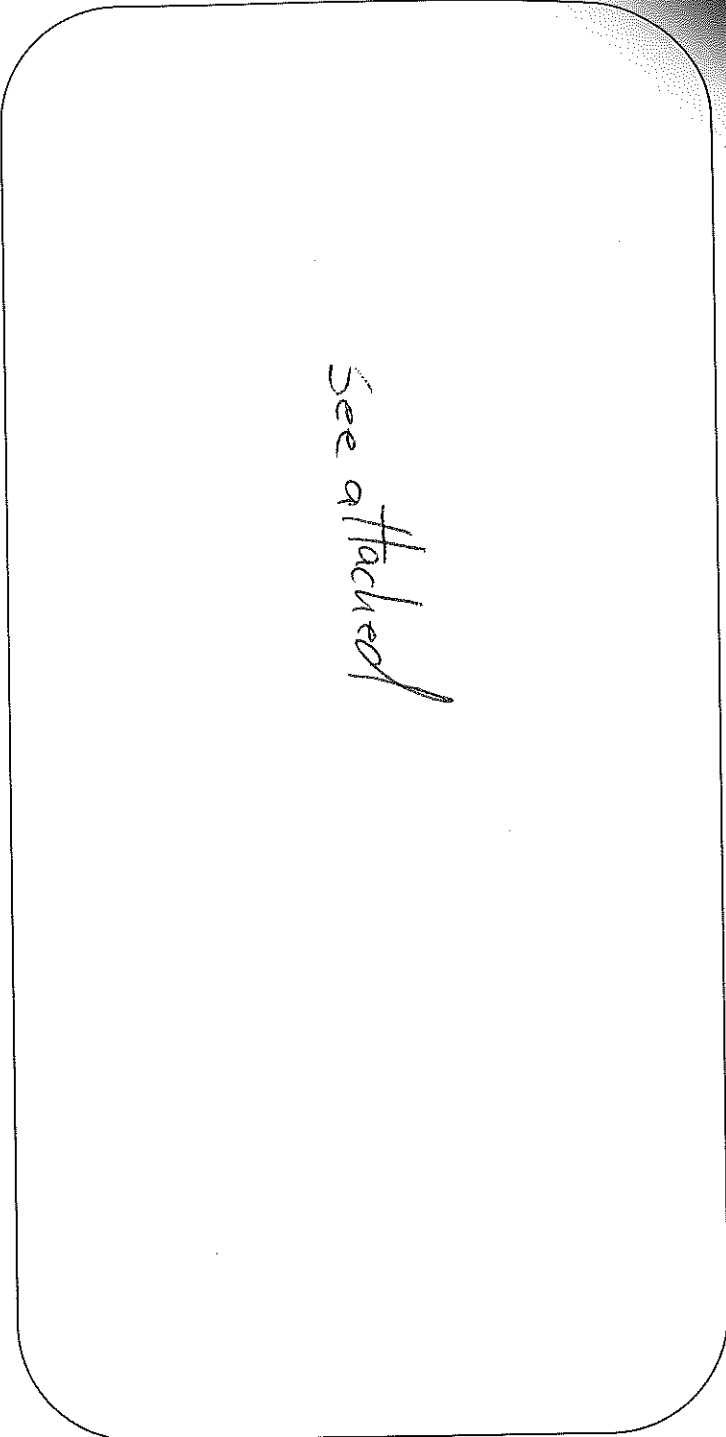
Owners: M & A Higgins Date: 7-23-12
(if there are Multiple Owners listed on the Deed All Owners must sign OR letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: Perry Penman 13444 Hollywood Ave, Hayward, WI 54843 Attach _____
Address to send permit: _____ Copy of Tax Statement ✓
NOV 08 2012

or Sketch your Property (regardless of what you are applying for)

- Show Location of: **Proposed Construction**
- (1) Show/Indicate: North (N) on Plot Plan
 - (2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show: 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 any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) 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	675 Feet	Setback from the Lake (ordinary high-water mark)	45 Feet
Setback from the Established Right-of-Way	645 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	54 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	62 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	700 Feet	Setback from 20% Slope Area	30 Feet
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	10' 10" Feet	Setback to Well	18 Feet
Setback to Drain Field	— Feet		

Setback to Privy (Portable, Composting) 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)

Permit Denied (Date): _____ Sanitary Number: 6474-PS 77 # of bedrooms: 3 Sanitary Date: 8-24-77
Reason for Denial: # 1033a

Permit #: 10-0463 Permit Date: 11-28-12

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No Yes (Fused/Contiguous Lots) No No Mitigation Required Yes No Affidavit Required Yes No

Is Structure Non-Conforming Yes No Mitigation Attached Yes No Affidavit Attached Yes No

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

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

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record:

Inspection: Non-compensating structure ~ 65' from OTUM

Date of Inspection: 10-18-12 Inspected by: MM Fuchs Zoning District: (RRB)

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

Date of Re-Inspection: _____

see mitigation affidavit, must install vent cap on septic tank vent pipe under deck.

Signature of Inspector: Michael Fuchs Date of Approval: 10-22-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: \$100 - For Services Surface

\$30 recording fee

