

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
 FEB 14 2013
 Bayfield Co. Zoning Dept

Permit #: 13-0036
 Amount Paid: \$105
 2-19-13
 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/ssp)

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

Owner's Name: Richard Swenson Mailing Address: 18415 20th Ave Plymouth, WI 54881 Telephone: 763 426 1741

Address of Property: 14920 Wiskama Rd. Cable, WI 54831 City/State/Zip: Cable WI 54831 Cell Phone: 612-720 8354

Contractor: Botherfield, Inc. George Botherfield, Cable, WI 54831 Contractor Phone: 634-8176 Plumber: _____ Plumber Phone: _____

Authorized Agent: _____ Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: SK. Village N, Villages PIN: (23 digits) 04-012-2-43-07-30-4 60-284-3800 Volume 908 Page(s) 337-39 Recorded Document: (i.e. Property Ownership)

Section 20, Township 43 N, Range 7 W Town of: Cable Lot Size 1.684 Acreage

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
 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>35,000</u>	<input 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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cow</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: 49' Width: 24' Height: 16'

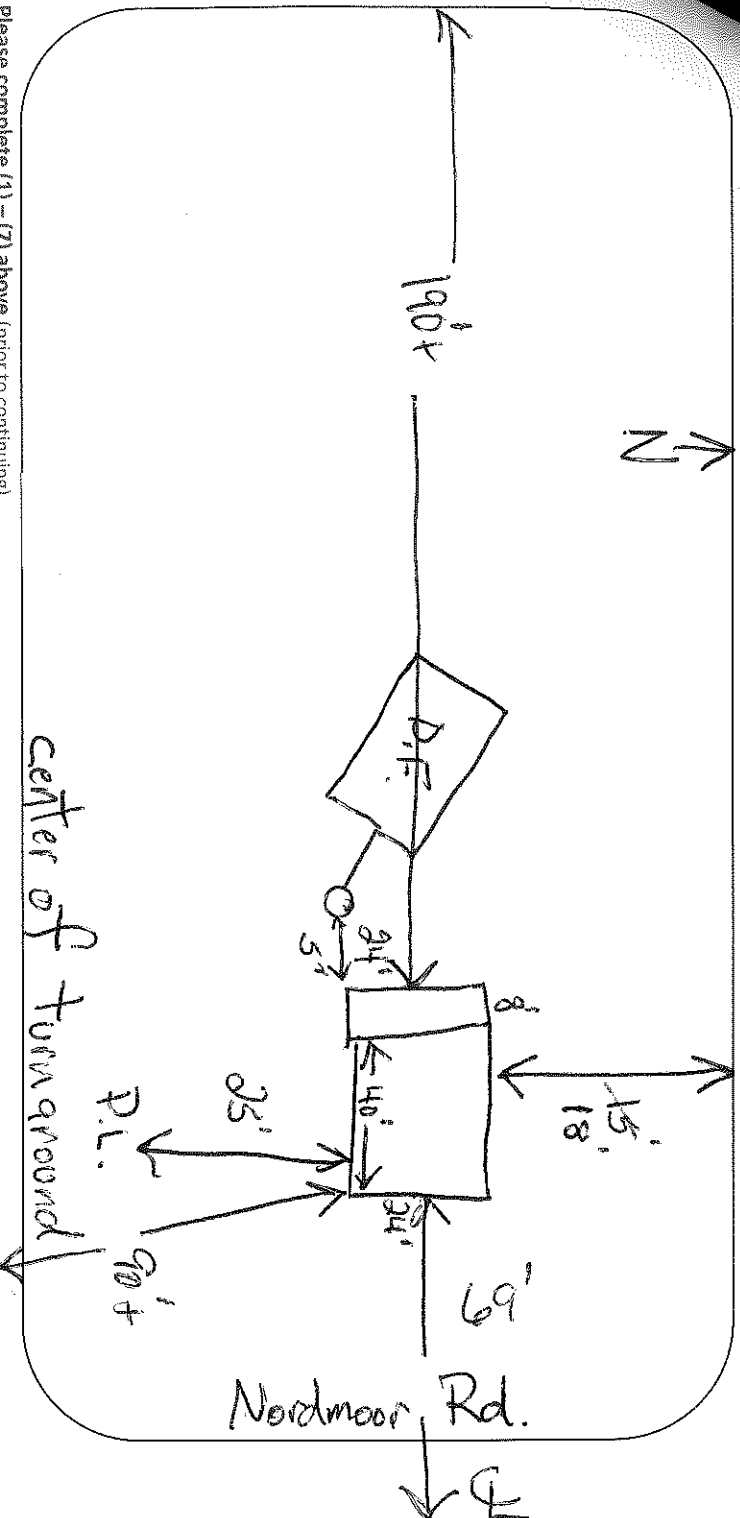
Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>24</u> x <u>46</u>) (<u>24</u> x <u>8</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>)	<u>960</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</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) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>)	<u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u> <u>_____</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>)	<u>_____</u> <u>_____</u> <u>_____</u>
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input checked="" type="checkbox"/> Other: (explain) <u>RELOCATE STRUCTURE & FOUNDATIONS</u>	(<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>) (<u>_____</u> x <u>_____</u>)	<u>_____</u> <u>_____</u> <u>_____</u>
APR 03 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): Richard Swenson & Barbara Ann Swenson
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters(s) of authorization must accompany this application)
 Authorized Agent: Richard Swenson Date 2-18-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 18415 20th Ave. N, Plymouth, MN 55447 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: Proposed Construction
 - Show / Indicate: North (N) on Plot Plan
 - Show Location of (*): (*), Driveway and (*), Frontage Road (Name Frontage Road)
 - Show: All Existing Structures on your Property
 - Show any (*): (*), Well (W); (*), Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - Show any (*): (*), Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - 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
Private easement			
Setback from the Centerline of Platted Road	109' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	18' 18" Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	95' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	190+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	5 Feet	Setback to Well public water supply	NA Feet
Setback to Drain Field	25 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 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: 2689-PS75 # of bedrooms: 3 Sanitary Date: 12-16-74
 Permit Denied (Date): Reason for Denial:
 Permit #: 13-0036 Permit Date: 4-3-13

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: Yes No
 Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Inspection Record:
 Well Staked Metcalf setbacks. (R.R.B.)
 Date of Inspection: 4-2-13 Inspected by: M. Furdak (NA)
 Condition(s) of Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: Michael Furdak Date of Approval: 4-3-13
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: