

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 1 0 2013
 Bayfield Co. Zoning Dept.

Permit #	13-0368
Date:	10/21-13
Amount Paid:	\$75
Refund:	10-11-13

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: Holly Family Irrevocable Trust Mailing Address: 43050 Cable Sunset Rd City/State/Zip: Cable WI 54821 Telephone: 798-3611

Address of Property: Same City/State/Zip: Cable WI 54821 Cell Phone: _____

Contractor: Self Louis Holly Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) Louis Holly Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4, SW 1/4 Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04-02-2-43-08-23-3 03-000-1000 Volume 1062 Page(s) 553

Section 23, Township 43 N, Range 8 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: _____ 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
\$1,000	<input checked="" 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 type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u> <input type="checkbox"/> Privy (Pvt) or 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: _____ Width: _____ Height: _____

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> Residential Use	with loft	(X)	
<input type="checkbox"/> Residential Use	with a Porch	(X)	
<input type="checkbox"/> Residential Use	with (2 nd) Porch	(X)	
<input type="checkbox"/> Residential Use	with a Deck	(X)	
<input type="checkbox"/> Residential Use	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>open sided storage bldg.</u>	(16 x 40)	640
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	(X)	
<input type="checkbox"/> Municipal Use	Conditional Use: (explain) _____	(X)	
<input type="checkbox"/> Municipal Use	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 above described property at any reasonable time for the purpose of inspection.

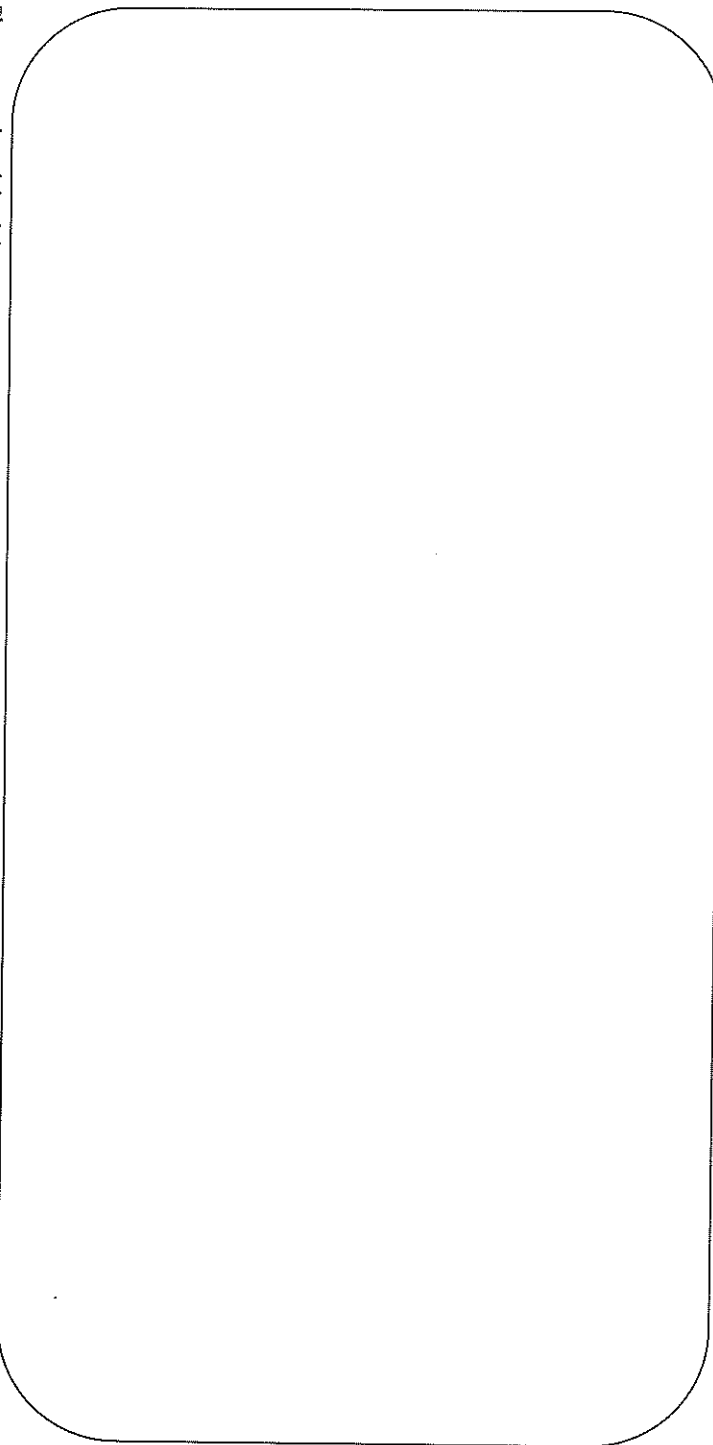
Owner(s): Louis Holly
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 10-10-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above Attach
 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%



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	300 Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	350+ Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	900+ Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	390+ Feet	Setback from Wetland	N/A
Setback from the West Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	950+ Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	100+ Feet	Setback to Well	100+ Feet
Setback to Drain Field	100+ Feet		
Setback to Privy (Portable, Composting)	N/A		

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: _____ # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 13-03108 Permit Date: 10-21-13

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) _____ 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 #: _____ Previously Granted by Variance (B.O.A.) Yes No Case #: _____

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: Met at all setbacks.

Date of Inspection: 10-13-13 Inspected by: MM Funtak

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

May not be used for human habitation. No water under pressure in structure.

Signature of Inspector: Michael Tuttle

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

Date of Approval: 10-18-13

Bayfield County, WI

new bldg. location

