

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
 DATED: MAR 21 2012

Permit #: 10-0043
 Date: 4/5/10
 Amount Paid: \$125.00 POS
 Refund: 3/22/12

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 BY BAYFIELD COUNTY ZONING DEPT. 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: TOWN OF CLOVER Mailing Address: PO BOX 54 City/State/Zip: WISCONSIN WI 54844 Telephone: _____
 Address of Property: Dewberry 10. 88245 Contractor Phone: _____ Plumber: N/A Cell Phone: _____
 Contractor: Faus Agent Phone: _____ Agent Mailing Address (include City/State/Zip): N/A Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____

PROJECT LOCATION: SE 1/4, SE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 10, Township 50 N, Range 7 W Town of: CLOVER Lot Size _____ Acreage 40

Legal Description: (Use Tax Statement) 04-04-2-50-07-10-4 of 00010000 PIN: (23 digits) _____
 Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes NO
 Distance Structure is from Shoreline: _____ feet 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>1000.00</u>	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input 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 <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) 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 type="checkbox"/> Well <input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for, is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: _____

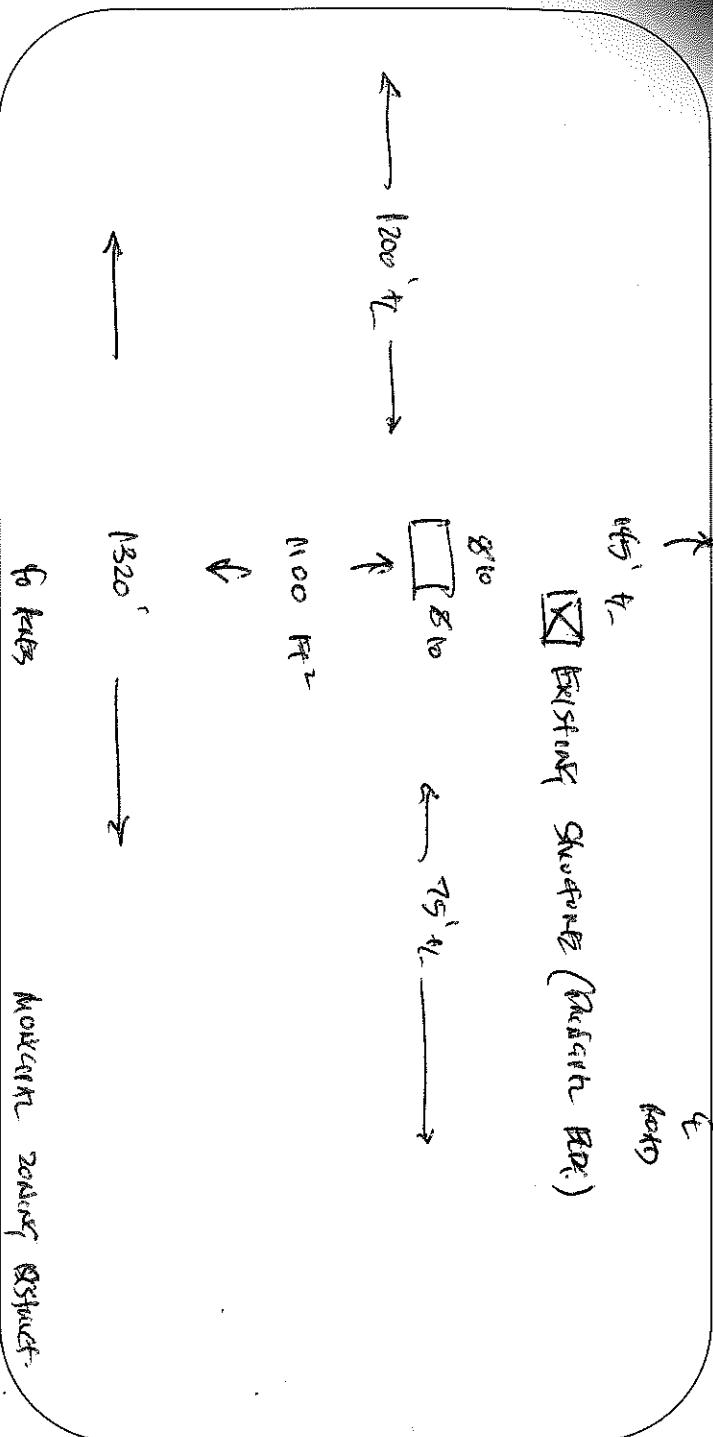
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(_____)	(_____)
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(_____)	(_____)
<input type="checkbox"/> Residential Use	with Loft	(_____)	(_____)
<input type="checkbox"/> Residential Use	with a Porch	(_____)	(_____)
<input type="checkbox"/> Residential Use	with (2 nd) Deck	(_____)	(_____)
<input type="checkbox"/> Residential Use	with (2 nd) Deck	(_____)	(_____)
<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)	(_____)	(_____)
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(_____)	(_____)
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>MANAGER OFFICE</u>	(_____)	(_____)
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>TRUCKS OFFICE</u>	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Other: (explain)	(_____)	(_____)

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: 3/14/12
 (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: 3/14/12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Rec'd for Issuance: _____
 Address to send permit: _____
 APR 5 2012

Secretarial Staff
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Copy of Tax Statement
 Attach
 If you recently purchased the property send your Recorded Deed
WV 04 to SW
3/28/12

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 any (*): (*) 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	20' ft	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	115' ft	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1100' ft	Setback from Wetland	Feet
Setback from the West Lot Line	1200' ft	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	75' ft	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit # 13-0043 Permit Date: 4/5/10

Is Parcel a Sub-Standard Lot: Yes 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 #: _____

Was Parcel Legally Created: Yes No

Was Proposed Building Site Delineated: Yes No

Inspection Record: SPURGEON MASTERED LOCATION AS REPRESENTED BY TRAIL MARKS ARE AVAILABLE

Date of Inspection: 3-27-12 Inspected by: DL

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

Signature of Inspector: _____ Date of Approval: _____

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