

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  
 MAY 18 2012

Permit #: 12-0318  
 Date: 8-29-12  
 Amount Paid: \$75.00  
 Refund: 5/21/12

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.

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

Owner's Name: Debbie & Cheryl Underhill Mailing Address: 4616 Central Dr City/State/Zip: Bay Mills MI 49812 Telephone: \_\_\_\_\_  
 Address of Property: 15770 Loosasa Base-1 City/State/Zip: Hessville WI 54844 Cell Phone: 701 314 0352  
 Contractor: Self Contractor Phone: \_\_\_\_\_ Plumber: Bayfield Plumbers Plumber Phone: 715 373 2020  
 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: NE 1/4, SE 1/4 Govt Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section 28 Township 50 N Range 7 W Town of Bay Mills Lot Size: \_\_\_\_\_ Acreage: 3.0

Legal Description: (Use Tax Statement) Pin: (29 digits) 04-04-014-2-50-07-22 Recorded Document: (i.e. Property Ownership) Volume 1057 Page(s) 91

Shoreland  Non-Shoreland

Is Property/Land within 300 Feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue  $\rightarrow$  Distance Structure is from Shoreline: 23 feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue  $\rightarrow$  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>20,000</u>	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

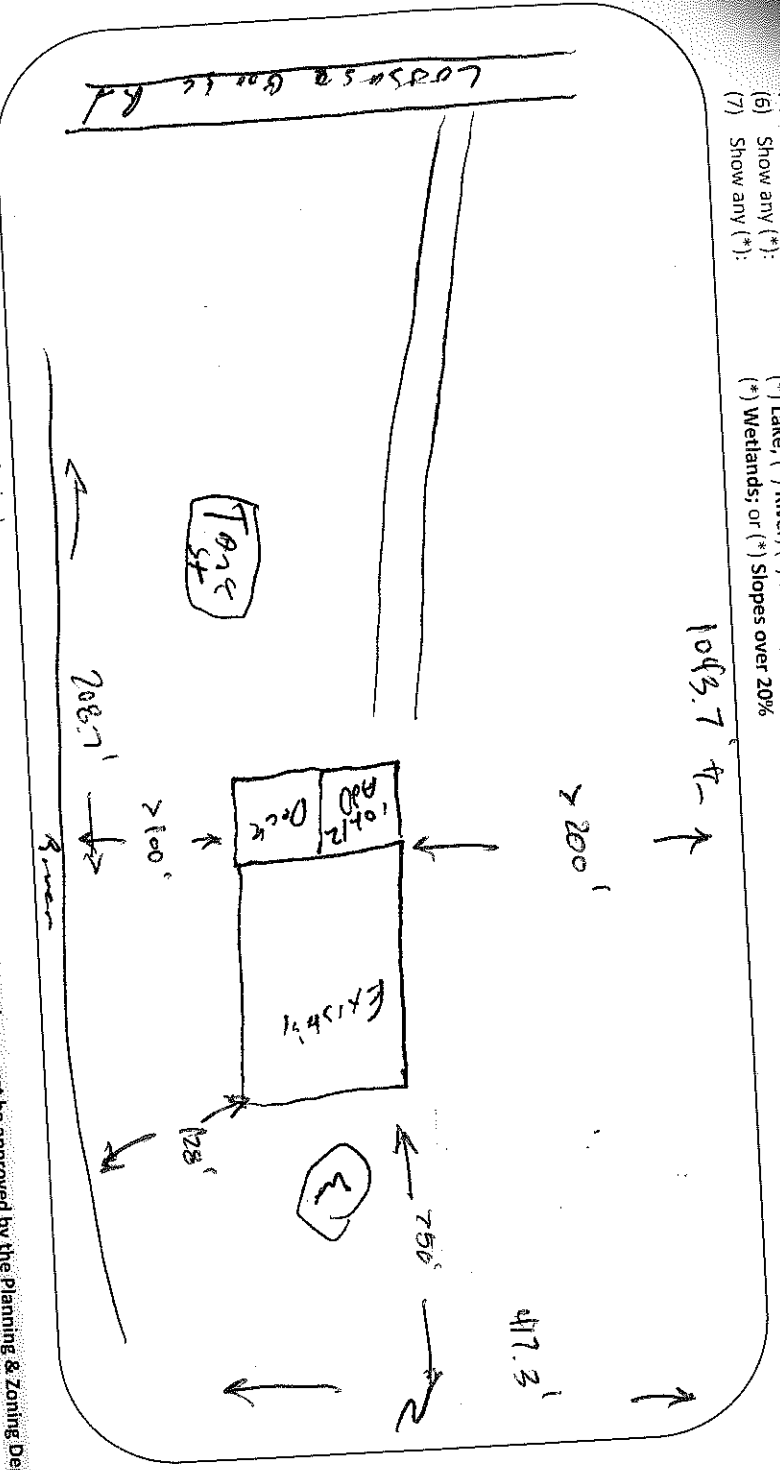
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.) with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
	with Attached Garage	( X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )	
	Mobile Home (manufactured date)	( X )	
	Addition/Alteration (specify) <u>10x12 Bedroom + Bathroom</u>	( 10 X 12 )	120
	Accessory Building (specify)	( X )	
	Accessory Building Addition/Alteration (specify)	( X )	
<input type="checkbox"/> Municipal Use	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(s): \_\_\_\_\_ Date 5 15 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)  
 Attach  
 Copy of Tax Statement  
 Address to send permit 106 29 2012  
 If you recently purchased the property send your Recorded Deed

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 any (\*): (\*) 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)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	~ 200 Feet	Setback from the Lake (ordinary high-water mark)	123 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	350 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	637 Feet	Setback from Wetland	
Setback from the West Lot Line	150 Feet	Setback from 20% Slope Area	614 Feet
Setback from the East Lot Line	56 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	27 Feet	Setback to Well	210 Feet
Setback to Drain Field			
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 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 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): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 12-0318 Permit Date: 8-29-12 Sanitary Number: 12-075 # of bedrooms: 3 Sanitary Date: 8-23-12

Is Parcel a Sub-Standard Lot  Yes  No  (Deed of Record)  Yes  No  Affidavit Required  Yes  No  Affidavit Attached  Yes  No

Is Parcel in Common Ownership  Yes  No  (Fused/Contiguous Lot(s))  Yes  No  Mitigation Required  Yes  No  Affidavit Attached  Yes  No

Is Structure Non-Conforming  Yes  No  Previously Granted by Variance (B.O.A.)  Yes  No  Were Property Lines Represented by Owner Was Property Surveyed  Yes  No  Case #: \_\_\_\_\_

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No  Was Proposed Building Site Delineated  Yes  No  Inspection Record: Proposed Additional Located at the Address REVIEWED/INITIALED DATE

Inspected by: DD Date of Re-Inspection: \_\_\_\_\_

Condition(s) of own, Committee or Board Conditions Attached?  Yes  No (if No they need to be attached.)

Signature of Inspector: [Signature] Date of Approval: [Signature]

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

DATE ORDER TO BUILD 5-05-12