

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)  
 SEP 10 2012

Permit #: 12-0395 ENTERED  
 Date: 10-2-12  
 Amount Paid: \$ 7500 ROS  
 Refund: 9/10/12

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.

Bayfield Co. Zoning Dept.

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: LELAND + SCOT KEGAN  
 Address of Property: 16625 ST. HY B  
 City/State/Zip: ELYSIA 198TH AVE BOYCEVILLE WIS 57825  
 Telephone: 715-613-2608  
 Cell Phone: 715-928-2609

Contractor: GEE  
 Contractor Phone: \_\_\_\_\_  
 Plumber: WJ  
 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: W 1/2, 24, E 1/2 144  
 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: 159 182  
 Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 3, Township 50 N, Range 7 W  
 Town of: CLOVER  
 Lot Size: \_\_\_\_\_ Acreage: 10

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-014-2-50-07-03-403-000  
 Recorded Document: (i.e. Property Ownership) Volume 1001 Page(s) 551 182

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: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue  $\rightarrow$   
 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
\$ 7500	<input checked="" 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 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"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for, is relevant to it) Length: 34' Width: 18' Height: 12'

Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/>	with Loft	( ) X ( )	
<input type="checkbox"/>	with a Porch	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/>	with a Deck	( ) X ( )	
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	
<input type="checkbox"/>	Addition/Alteration (specify)	( ) X ( )	
<input checked="" type="checkbox"/>	Accessory Building (specify) GARAGE	( 16 X 34 )	432
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/>	Special Use: (explain)	( ) X ( )	
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	
<input type="checkbox"/>	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.

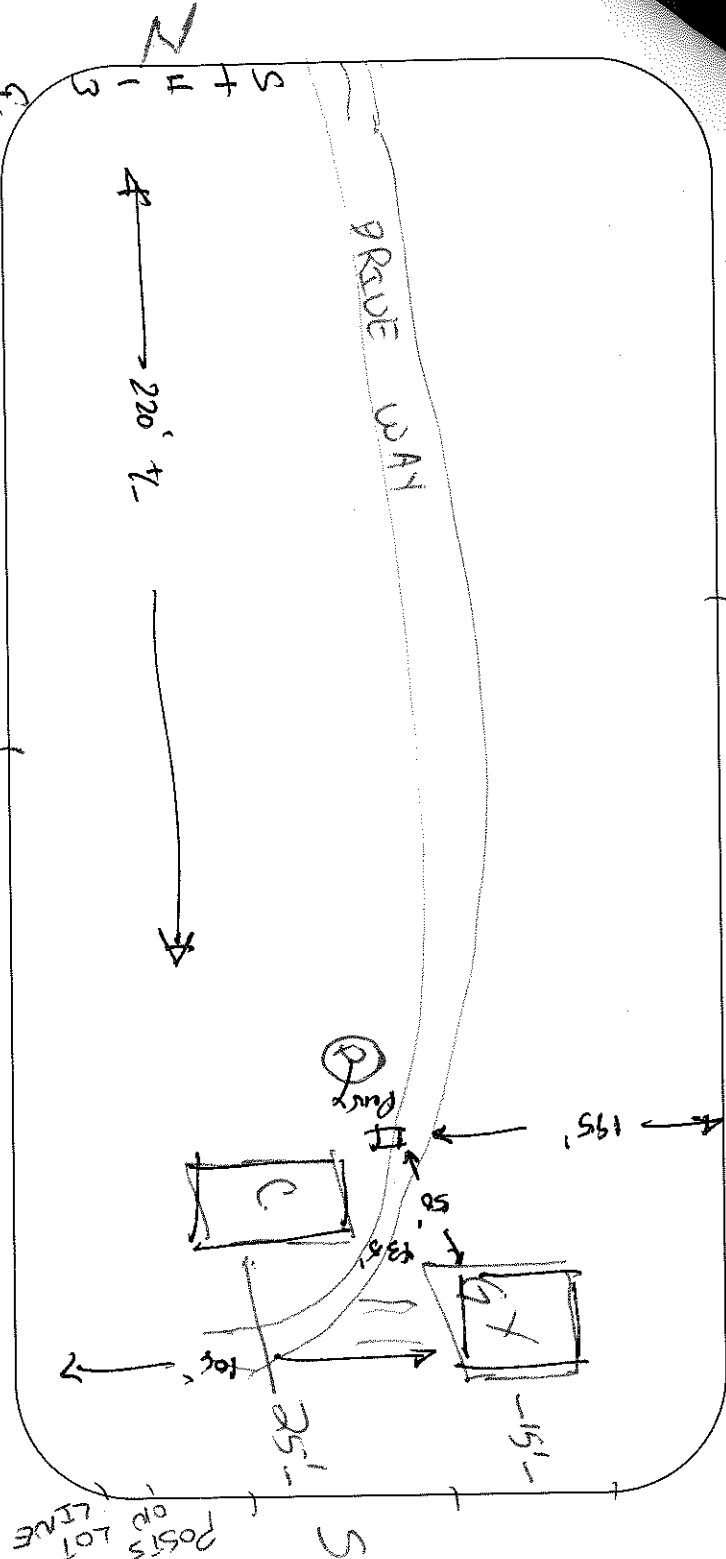
Owner(s): Leland & Scott Kegan  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: 9-6-12  
 Rec'd for Issuance: \_\_\_\_\_ Attach  
 Address to send permit: \_\_\_\_\_  
 OCT 2 2012  
 If you recently purchased the property send your Recorded Deed

Secretarial Staff  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Show Location of:
- (1) Show / Indicate: Proposed Construction 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 (\*): (\*) 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)

(8) Setbacks: (measured to the closest point)

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	220' 4" Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	220' 4" Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	13.5' 15" Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	104' 15" Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	10' Wetland 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 12-0395	Permit Date: 10-2-12				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous lots) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input type="checkbox"/> Case #: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Zoning District (R1S) <input checked="" type="checkbox"/> Lakes Classification (-)	<input type="checkbox"/> Date of Re-Inspection:
Date of Inspection: 9-27-12 Inspected by: DJL Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached. Structure must be a certain height from the street necessary code.		Signature of Inspector: [Signature] Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> Date of Approval: 9-27-12			