

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 06 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0016
Date ENTERED:	2-18-13
Amount Paid:	\$105-08-13
Refund:	

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: Thomas Kathleen Stone 11 Mailing Address: 7333 Oaklawn Ave City/State/Zip: Edina, MN, 55435 Telephone: 952-835-5260

Address of Property: 16556 Nicolette Rd City/State/Zip: Herbster, WI 54844 Cell Phone: 952-649-7125

Contractor: _____ Plumber: _____ 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 Legal Description: (Use Tax Statement) NW 1/4, SE 1/4 SFS PIN: (23 digits) 04-014-02-50-07-03-4 02-00-12000 Recorded Document (i.e. Property Ownership) 973 Page(s) 973

Section 03, Township 50 N, Range 7 W Town of: Claver Lot Size 1320 x 660 Average 20

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? 173 feet Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage 173 feet 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
\$ 16,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

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

Proposed Construction: Length: 24' Width: 16' Height: 9'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>16</u> X <u>24</u>)	<u>384</u>
	<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 nd) Porch	() X ()	
	<input type="checkbox"/> with a Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
	<input type="checkbox"/> with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	<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 type="checkbox"/> Accessory Building (specify)	() X ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	() X ()	
<input type="checkbox"/> Municipal Use	<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): Thomas Stone Date 2/13/13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

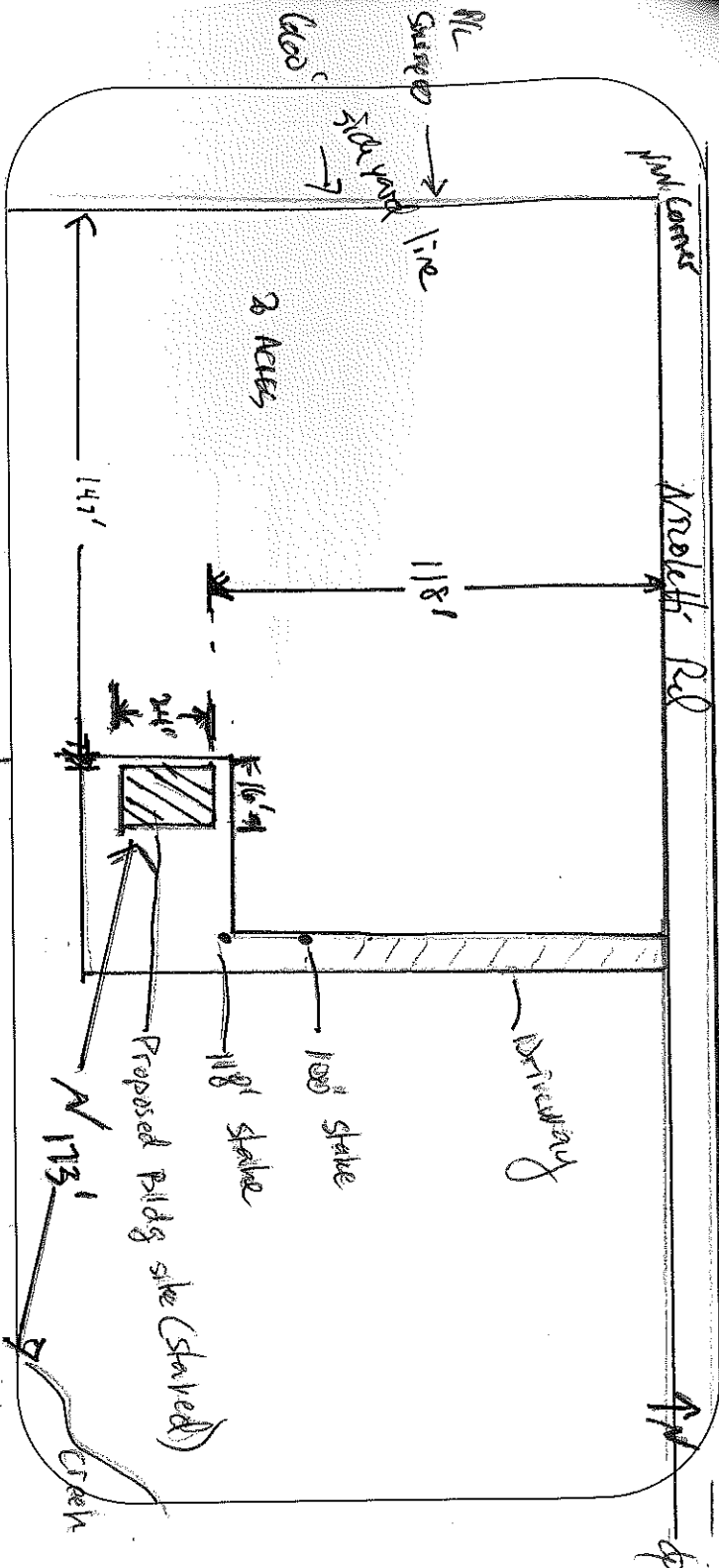
Authenticate for Issuance (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date _____ Attach _____

Address Fond du Lac 2013 Copy of Tax Statement _____
 If you recently purchased the property send your Recorded Deed _____

2-18-13 Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- below: 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) 1320' 1320' →

(8) Setbacks: (measured to the closest point) 1320' →

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	113 Feet
Setback from the North Lot Line	118 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	152' / 190 Feet	Setback from Wetland	550 Feet
Setback from the West Lot Line	147 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	1100 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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 # 13-0016 Permit Date: 2-18-13

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

Mitigation Required Yes No

Affidavit Attached Yes No

Granted by Variance (B.O.A.) Yes No

Previously Granted by Variance (B.O.A.) Yes No

Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspected by: DOC Date of Re-Inspection: _____

Date of Inspection: 2-7-12

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

SHADED MAY BE USED FOR MONTHS APPROX 2 OR LONGER SINCE VIOLATE ALL APPLICABLE ZONING, SANITARY, & PAVEMENT CODES ARE MET.

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

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