

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
 JUN 11 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0141
 Date: 6-17-13
 Amount Paid: \$815 6-11-13
 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: Jim Lann
 Address of Property: 8760 Park Dr St
 City/State/Zip: Washburn, WI 54894
 Telephone: 715-794-3367
 Call Phone:

Contractor: SKANLE
 Contractor Phone:
 Plumber:
 Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Phone:
 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04-014-2-50-07-04-1-05-000-20000
 1/4 1/4 Gov't Lot 2 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 14, Township 50 N, Range 7 W Town of: Clear
 Lot Size: Acreage 3

Distance Structure is from Shoreline: 20000 feet
 Distance Structure is from Shoreline: 25 feet
 Is Property in Floodplain Zone? Yes NO
 Are Wetlands Present? Yes NO

Written Authorization Attached Yes No
 Recorded Document: (i.e. Property Ownership) Volume 835 Page(s) 198

Value at Time of Completion: \$2500
 * 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: City Well

Existing Structure: (If permit being applied for is relevant to it)
 Proposed Construction: Length: 10 Width: 12 Height: 9'

Proposed Use: Residential Use
 Proposed Structure: Principal Structure (first structure on property)
 Residence (i.e. cabin, hunting shack, etc.)
 with Loft
 with a Porch
 with (2nd) Porch
 with a Deck
 with (2nd) Deck
 with Attached Garage
 Bunkhouse w/ sanitary, or sleeping quarters, or cooking & food prep facilities
 Mobile Home (manufactured dete)
 Addition/Alteration (specify)
 Accessory Building (specify)
 Accessory Building Addition/Alteration (specify)

Dimensions: () () () () () ()
 Square Footage: () () () () () ()

Proposed Use: Residential Use
 Proposed Structure: Principal Structure (first structure on property)
 Residence (i.e. cabin, hunting shack, etc.)
 with Loft
 with a Porch
 with (2nd) Porch
 with a Deck
 with (2nd) Deck
 with Attached Garage
 Bunkhouse w/ sanitary, or sleeping quarters, or cooking & food prep facilities
 Mobile Home (manufactured dete)
 Addition/Alteration (specify)
 Accessory Building (specify)
 Accessory Building Addition/Alteration (specify)

Rec'd for Issuance: JUN 17 2013
 Conditional Use: (explain)
 Other: (explain) GRUBS
 (12 X 15) (1900')

I (we) Severin Staff (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) 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 changed with administering county ordinances to have access to the above described property for a reasonable time for the purpose of inspection.

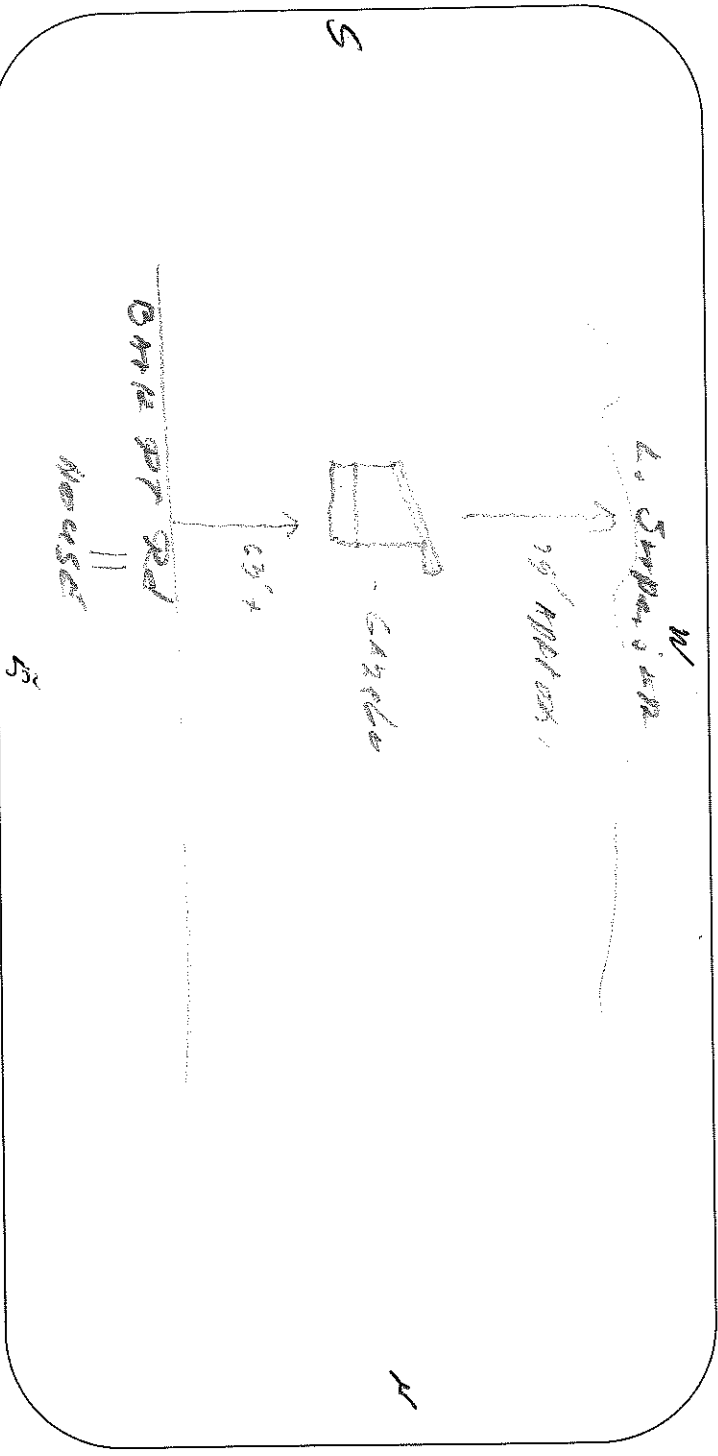
Owner(s): James Johnson
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 6-10-13

Address to send permit: Same as above
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Look 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)

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

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	36 Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	36 Feet
Setback from the North Lot Line	75' Feet	Setback from the Bank or Bluff	36 Feet
Setback from the South Lot Line	75' Feet	Setback from Wetland	36 Feet
Setback from the West Lot Line	75 Feet	Setback from 20% Slope Area	36 Feet
Setback from the East Lot Line	36 Feet	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 Dwelling: 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 #: 13-041	Permit Date: 6-17-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> LMO	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> LMO
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous Lots)	<input checked="" type="checkbox"/> LMO	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> LMO
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> LMO	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> LMO
Granted by Variance (B.O.A.)	Case #: N/A	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: Robert Selberman	Date of Re-Inspection:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Conditions: 1) Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)	Zoning District	RRB
Inspection Record: Site well ventilated as evidenced by 2009 Ceisach Photography and Confirmed by site visit.	Inspected by: Robert Selberman	Conditions: Butter Must Remain as witnessed on site visit. Use Best Management Practices to prevent silor Soil from entering Lake Superior. See Conditions on Grebe Affidavit	Lakes Classification	1
Date of Inspection: 6/12/2013	Inspected by: Robert Selberman	Signature of Inspector: [Signature]	Date of Approval: 6/17/2013	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	