

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEES 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)
 JUL 08 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-019
 Date: 7-17-13
 Amount Paid: \$75
 Refund: 7-8-13

ENTERED

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: Elizabeth Joicks Mailing Address: 13295 Touve Rd City/State/Zip: Port Wing WI 54865 Telephone: 715 774 3252

Address of Property: 13295 Touve Rd City/State/Zip: Herbster WI 54844 Cell Phone: 715 495 9288

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) NE 1/4, NW 1/4 PIN: (23 digits) 04-014-2-50-07-36-201000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 30, Township 50 N, Range 7 W Town of: Clover Lot Size _____ Acreage 10

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue → Distance Structure Is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure Is from Shoreline: _____ feet

Non-Shoreland

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
\$ <u>24,500</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" 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 <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 16 Height: 12

Proposed Construction: Length: 32 Width: 24 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
	with Loft	(X X)	
	with a Porch	(X X)	
	with (2 nd) Deck	(X X)	
	with a Deck	(X X)	
	with (2 nd) Deck	(X X)	
<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)	(X X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	(X X)	
	Addition/Alteration (specify) <u>to Habitable Dwelling</u>	(<u>38</u> X <u>24</u>)	<u>1280</u>
	Accessory Building (specify) _____	(X X)	
	Accessory Building Addition/Alteration (specify) _____	(X X)	
	Special Use: (explain) _____	(X X)	
	Conditional Use: (explain) _____	(X X)	
	Other: (explain) _____	(X 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.

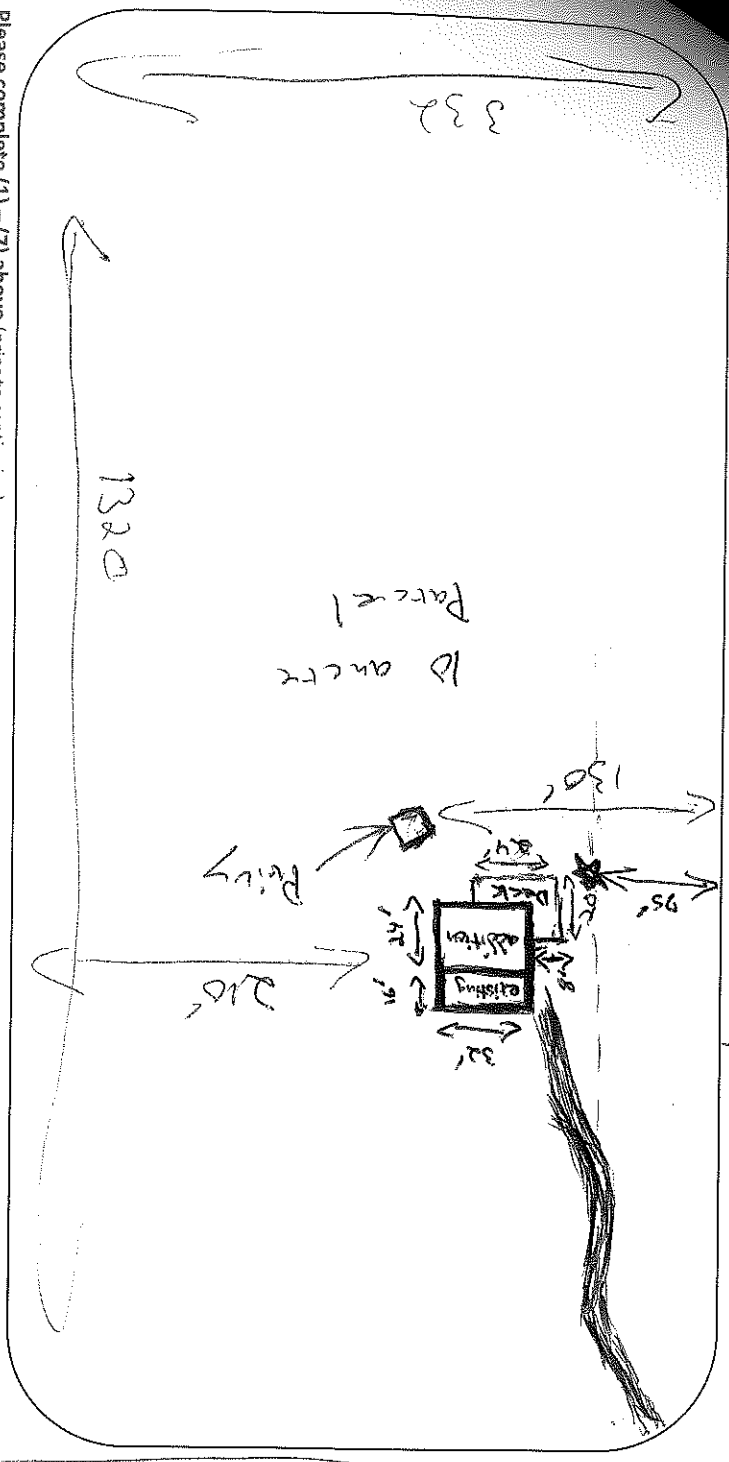
Owner(s): Elizabeth Joicks Date 7-5-13
 (If there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 13295 Touve Rd Port Wing WI 54865 Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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

- Show location of:
 Show/Indicate:
 Show Location of (*):
 Show:
 Show any (*):
 Show any (*):
- Proposed Construction**
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%



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	350 Feet	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	330 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	360 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	210 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)	150 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) Sanitary Number: 7-0698 # of bedrooms: 1 Sanitary Date: 11-23-2007
 Permit Denied (Date): _____ Reason for Denial: _____ Permit Date: 7-17-13

Permit #: B-0191

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A Previously Granted by Variance (B.O.A.) Yes No Case #: N/A

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

Inspection Record: Structure placement appears to be code compliant
Permit was BEISSUED. RESPONSIBILITY OF PROPERTY OWNER TO
CONTACT FOR STAKE MARKING

Date of Inspection: 7-11-13 Inspected by: John Stenders Murphy Zoning District: (AG-1)
 Lakes Classification: (N/A)

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
Signau OUTBUILDING ON PROPERTY MAY NOT BE HABITABLE UNLESS
PERMIT FOR THE USE IS ISSUED. NO PUMPS OR FIXTURES PRESSURE/SS
WATER MAY SERVICE ANY BUILDING UNLESS A SURFACE/APPROVED POINTS INSTALLED

Signature of Inspector: _____ Date of Approval: 7-12-13

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