

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 05 2012
 Bayfield Co. Zoning Dept.

Permit #: 10-00522
 Date: 9-20-12
 Amount Paid: \$450.00 POS
 Refund: 9/6/12

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: John & Emily Biglow Mailing Address: 540 Apple Garden Rd Minnetrista, MN 55364 Telephone: 952-472-4572
 Address of Property: 15780 W Kern LK Rd City/State/Zip: Mason, WI 54856 Cell Phone: 612-384-4862
 Contractor: Lipka Construction Inc Contractor Phone: 715-685-0855 Plumber: Superior Plumbing & Mech Plumber Phone: 715-278-3456
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-685-0855 Agent Mailing Address (Include City/State/Zip): Superior Plumbing & Mech Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 1 CSM 863 Vol & Page 615 Lot(s) No. 1089 Block(s) No. 397 Subdivision: Delta Recorded Document: (i.e. Property Ownership) 1089 Page(s) 397
 Section 28, Township 41 N, Range 7 W Town of: Delta Lot Size 10.19 Acres 120 ACRES

Shoreland → Non-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: 77 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: 77 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
\$ <u>150,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Drainfield</u> <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"/> CITY <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 76 Width: 36 Height: 23
 Proposed Construction: Proposed Structure Length: 76 Width: 36 Height: 23

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	() () () () () ()	<u>2912</u> <u>480</u>
<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) Mobile Home (manufactured date)	() ()	() ()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	() () ()	() () ()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

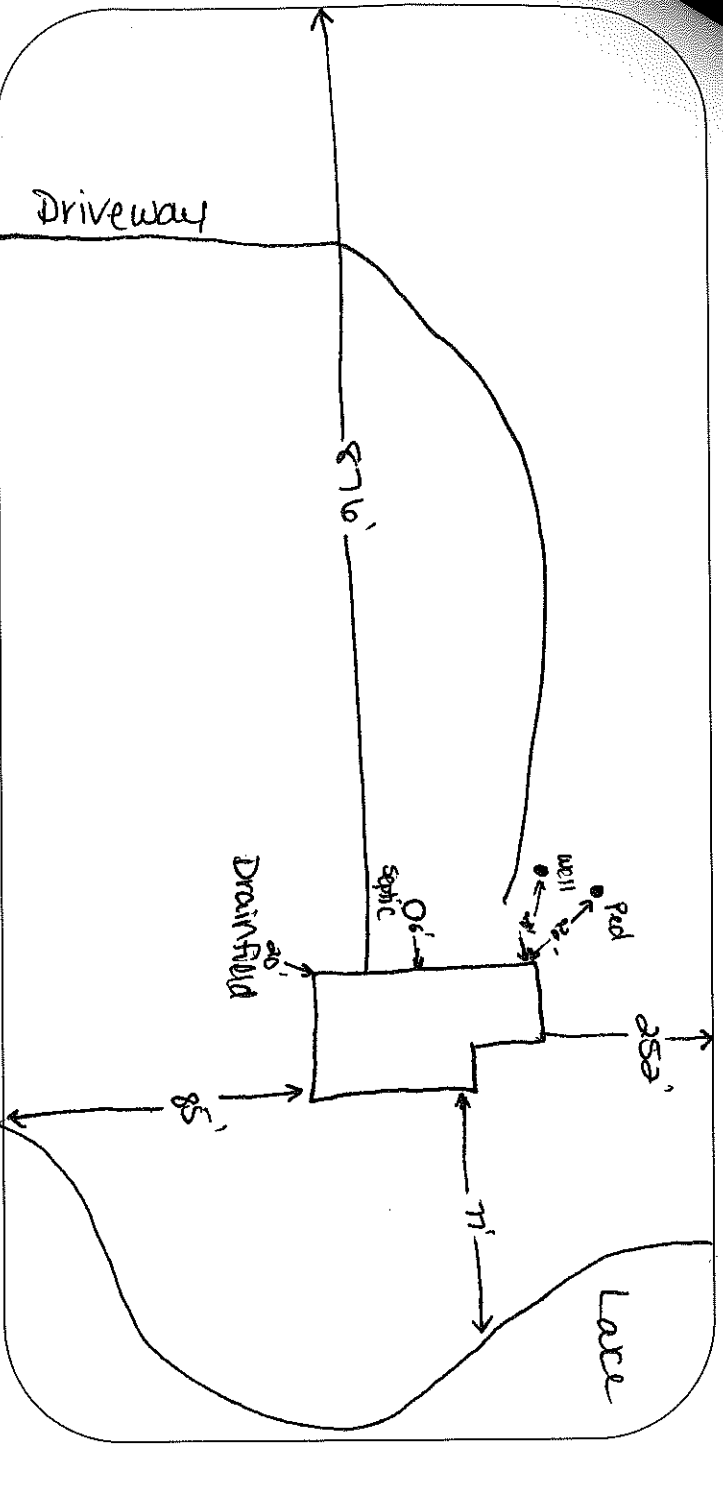
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): [Signature] Date 8-14-12
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date 8-14-12
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Record for Issuance 3100 ELLIS AVE, Ashland, WI 54806 Attach Copy of Tax Statement
 Address to send permit SEP 19 2012 MIKE SANDRIT

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 Does THIS REQUIRE A RECONNECT? was never done

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

- Show Location of: Proposed Construction
 Show/Indicate: North (N) on Plot Plan
 Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 Show: All Existing Structures on your Property
 Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 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	Feet	Setback from the Lake (ordinary high-water mark)	77 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	252 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	85 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	876 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	77 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	6 Feet	Setback to Well	20 Feet
Setback to Drain Field	20 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.

Issuance Information (County Use Only) Sanitary Number: 220933 # of bedrooms: 3 Sanitary Date: 10-24-94

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0377 Permit Date: 9-20-12

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

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Meets all setbacks. Well staked. Mr. Fuchs
 Date of Inspection: 9-17-12 Inspected by: _____
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
A licensed plumber must connect residence to sanitary system.
 Zoning District: (R-1)
 Lakes Classification: (2)

Signature of Inspector: Michelle Tisdale Date of Approval: 9-12-12

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