

JOB#: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
**RECEIVED**  
 APR 18 2013  
 Bayfield Co Zoning Dept  
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #: 13005R  
 Date: 5-1-13  
 Amount Paid: \$185 4-18-13  
 Refund: ARTS TBA  
**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.

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

Owner's Name: Wm. F. & Shirley TRBETT  
 Address of Property: Panasuk Rd.  
 City/State/Zip: Moson, WI 54856  
 Mailing Address: 8775 North Shore Dr Iron River, WI  
 Contractor: self  
 Contractor Phone: Plumber:  
 Authorized Agent: (person signing Application on behalf of Owner(s))  
 Agent Phone: Plumber:  
 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: NE 1/4, NE 1/4  
 Legal Description: (Use Tax Statement) 1855 V 417 P. 130  
 PIN: (23 digits) 04-06-246-07-01 1-000-10600  
 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: 1, Township: 4E, N. Range: 7, W: \_\_\_\_\_ Town of: DETA  
 Lot Size: \_\_\_\_\_ Acreage: 45.455

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: 110 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
\$ <u>46,000</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Prt) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)  
 Length: 32 Width: 32 Height: 14'  
 Proposed Construction:  
 Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

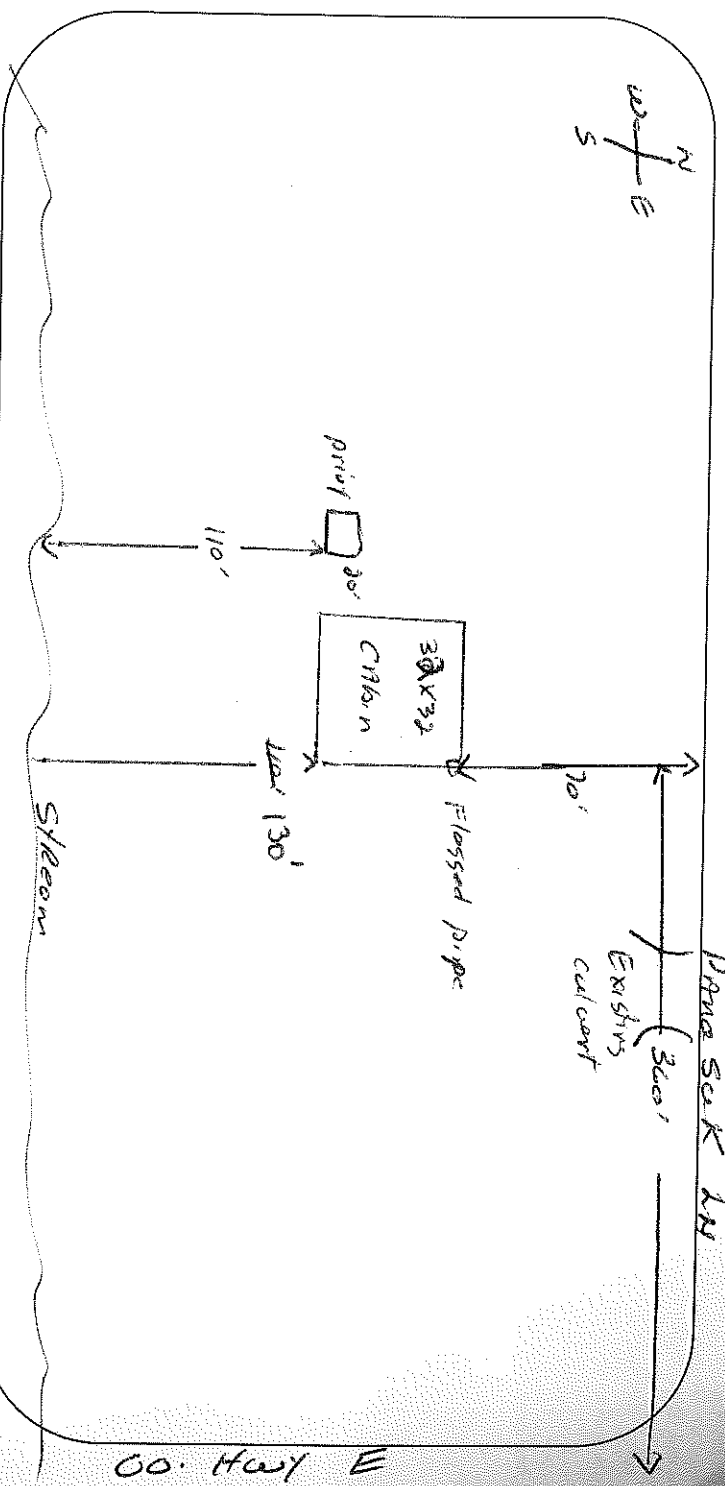
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Deck with Attached Garage	( <u>32</u> X <u>32</u> ) ( <u>32</u> X <u>32</u> ) ( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> )	<u>1024</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)	( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify)	( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> )	
Rec'd for Issuance	Special Use: (explain) Conditional Use: (explain) Other: (explain)	( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> ) ( <u>   </u> X <u>   </u> )	

Secretarial Staff  
 MAY 01 2013  
 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): Wm. F. TRBETT Shirley D. TRBETT Date 4-2-2013  
 (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: same as above  
 (If you recently purchased the property send your Recorded Deed)

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)  
 (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	70'	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	40'	Setback from the River, Stream, Creek	130'
Setback from the North Lot Line	1000+	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	353'	Setback from Wetland	100+
Setback from the West Lot Line	2348	Setback from 20% Slope Area	NA
Setback from the East Lot Line	36'	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	NA	Setback to Well	NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	30'		

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 #: 13-0057 Permit Date: 5-1-13

Is Parcel a Sub-Standard Lot?  Yes  No (Deed of Record)  Yes  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 #: \_\_\_\_\_

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:**

Date of Inspection: 4-30-13 Inspected by: M. Furdale

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

Signature of Inspector: Michael Furdale Date of Approval: 5-9-13

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_

Well Staked. Meets all setbacks.  
 No water under pressure in structure.