

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
 DEPARTMENT OF PERMITS
 MAY 21 2012

Permit #: 10-0154
 Date: 5-25-12
 Amount Paid: \$715 5-21-12
 Refund: DDS

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.

Bayfield Co. Zoning Dept.
 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: Ken Johnson Mailing Address: 1608 Foot Hill Av City/State/Zip: Washburn WI 54971 Telephone: 715 355 1061
 Address of Property: 14300 S. Pine Rock Rd City/State/Zip: Drummond WI Contractor Phone: 573-6796 Cell Phone: 715
 Contractor: Drummond WI Plumber: 573-6796 Plumber Phone: 573-6796
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 573-6796 Agent Mailing Address (include City/State/Zip): 573-6796 Written Authorization Attached Yes No

PROJECT LOCATION: UE 1/4, NW 1/4 Gov't Lot: 344 Lot(s) CSM: 019 244073220022020000 Lot(s) No.: 04 Block(s) No.: 04 Recorded Document: (i.e. Property Ownership) 587 Page(s) 350
UE 1/4, NW 1/4 Section 32, Township 44 N, Range 7 W Town of: Drummond Subdivision: Milmac Volume 587 Page(s) 350
 Distance Structure is from Shoreline: 0 feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No
 Distance Structure is from Shoreline: 0 feet Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No If yes---continue →
 Distance Structure is from Shoreline: 0 feet Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

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>5000</u>	<input type="checkbox"/> New Construction <input checked="" 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"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>port</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>1000 gal</u> <input type="checkbox"/> Privy (Pit) or 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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 18' Width: 20' Height: 12'
 Proposed Construction: Length: 18' Width: 20' Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() () ()	() () ()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() () ()	() () ()
<input type="checkbox"/> Municipal Use	with Loft	() () ()	() () ()
	with a Porch	() () ()	() () ()
	with (2 nd) Deck	() () ()	() () ()
	with (2 nd) Deck with Attached Garage	() () ()	() () ()
	Bunthouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() () ()	() () ()
	Mobile Home (manufactured date)	() () ()	() () ()
	Addition/Alteration (specify) <u>3 Season Porch</u>	(<u>12</u>) (<u>X 20</u>)	(<u>240</u>)
	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 5/1/12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

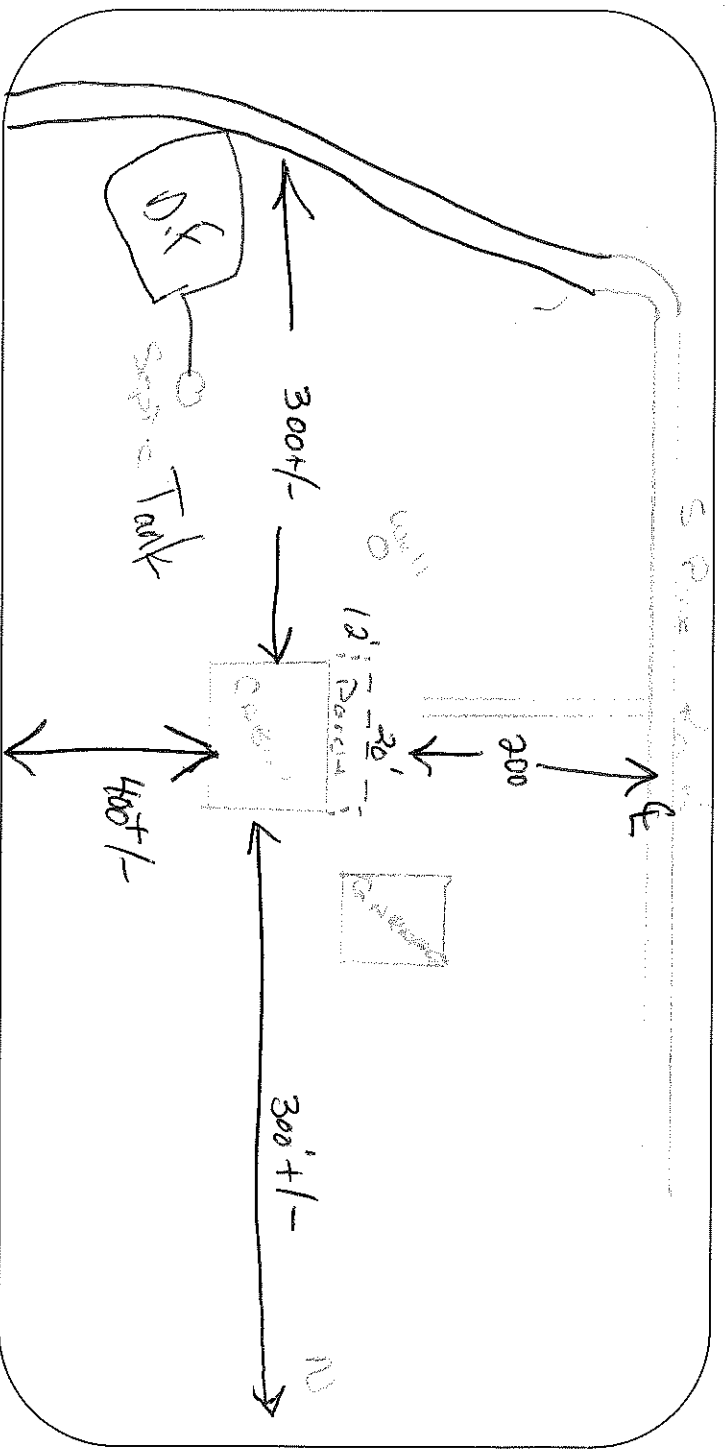
Authorized Agent: [Signature] Date 5/1/12
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Record for Issuance [Signature] Attach [Signature]
 Address to send permit 11002 Estabill Ave, Washburn WI 54971
 MAY 25 2012 If you recently purchased the property send your Recorded Deed

Secretarial Staff APPLICATION - 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)

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	900 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	190 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	800 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	800 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	400 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	30 Feet
Setback to Drain Field	160 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 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: 26879 # of bedrooms: Sanitary Date: 11-9-81
 Permit Denied (Date): Reason for Denial:

Permit #: 12-0154 Permit Date: 5-25-12

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

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

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

Inspection Record: Meets all setbacks.
 Date of Inspection: 5-24-12 Inspected by: M. Fickath
 Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)

Signature of Inspector: Michael Fickath Date of Approval: 5-24-12
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: