

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
 Date Stamp (Received)
 OCT 18 2012
 Bayfield Co. Zoning Dept.

Permit #:	10-04816
Date:	10-24-12
Amount Paid:	\$75.00 PDS
Refund:	10/19/12

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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **TIM JEATRAN** Mailing Address: **20844 ASPEN AVE, WARRENS, WI. 54666** Telephone: _____
 Address of Property: **9335 COUNTY HWY N** City/State/Zip: _____ Call Phone: _____
 Contractor: **UNKNOWN** Contractor Phone: _____ Plumber: _____ Plumber Phone: **608-387-9330**
 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: **SE 1/4, NW 1/4** Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section **33**, Township **45 N, Range 8 W** Town of: **DRUMMOND** Lot Size **350' x 660'** Acreage **5.3**
 PIN: (23 digits) **04-018-2-45-08-33-204-000-10000** Recorded Document: (i.e. Property Ownership) Volume **746** Page(s) **20**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

Distance Structure is from Shoreline: _____ feet
 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
\$ 10,000.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Sanitary Toilet	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	
	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: **24'** Width: **24'** Height: **8'6"**

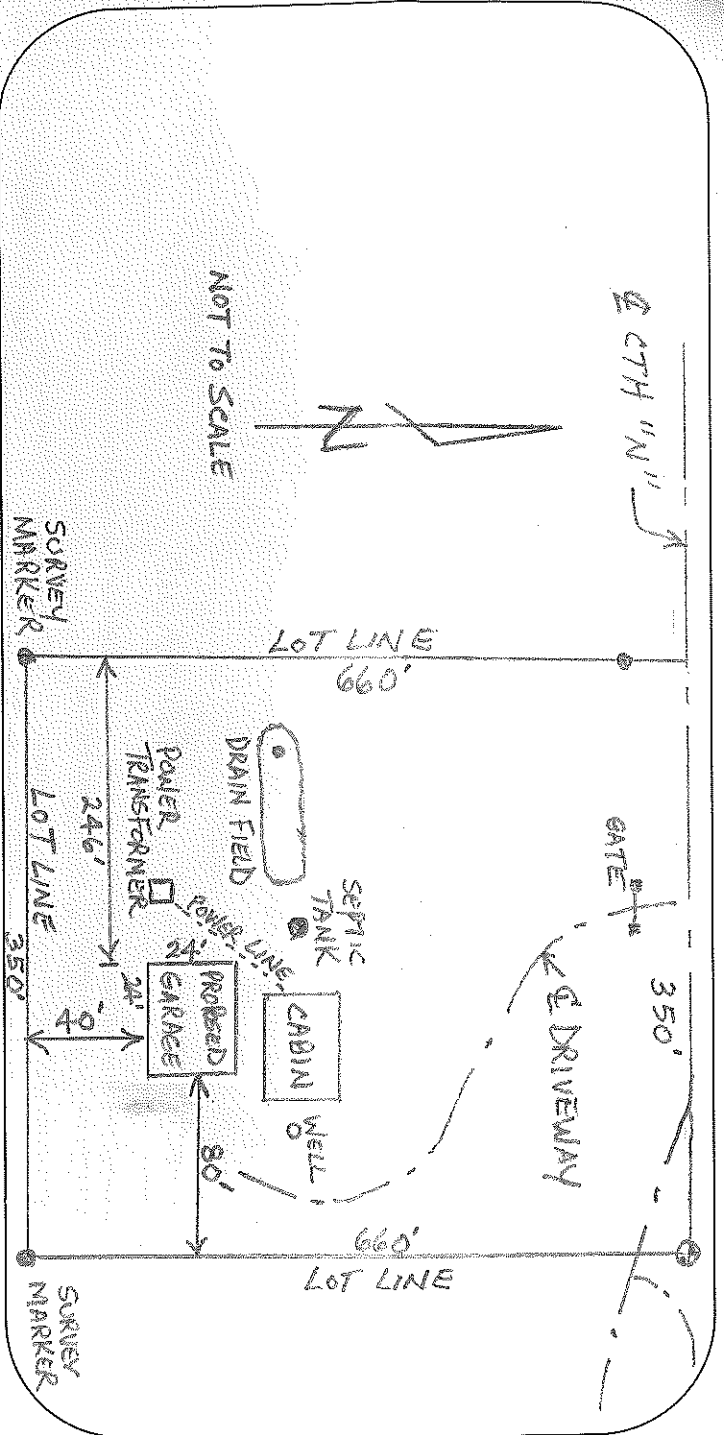
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(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)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(24' x 24')	576
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(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 the 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): Tim Jeatran Rose Jeatran Date 10-15-2012
 (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)
 Rec'd for Issuance 20844 ASPEN AVE, WARRENS, WI. 54666 Attach
 Address to send permit OCT 24 2012 Copy of Tax Statement
 Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

- 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)

(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	596' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	563' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	596' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	40' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	246' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	80' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	25' Feet	Setback to Well	35' Feet
Setback to Drain Field	90' 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0426	Permit Date: 10-24-12			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District (F-1)		
Well Staked. Metcalf attached. Property line well marked.		Lakes Classification (NA)		
Date of inspection: 10-23-12		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
May not be used for human habitation.				
No water under pressure in structure.				
Signature of Inspector: Michael Statal		Date of Approval: 10-24-12		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	