

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  
 Bayfield Co. Zoning Dept.  
 APR 23 2012

ENTERED  
 Permit #: 12-0091  
 Date: 5-2-12  
 Amount Paid: \$75.00 Cash  
 PDS 4/25/12  
 Return:

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/ssp)

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

Owner's Name: Michael Kasterm + Melissa Mailing Address: Same ↓ City/State/Zip: Ashland WI 54806 Telephone: 715-992-4186

Address of Property: 30525 Hwy 137 Contractor Phone: 992-4186 Plumber: NONE Cell Phone: 715-992-3452

Contractor: SELF Agent Phone: --- Agent Mailing Address (include City/State/Zip): --- Written Authorization Attached: N/A  Yes  No

Authorized Agent: (Person Signing Application on Behalf of Owner(s))

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot: 1 Lot(s): 1 CSM: 1695 Vol & Page: W19, 78 Lot(s) No.: --- Block(s) No.: --- Subdivision: --- Volume: 1040 Page(s): 769

Section: 12, Township: 47 N, Range: 5 W Town of: Filem Lot Size: --- Acreage: 2.890

Legal Description: (Use Tax Statement) 03 00031 000 Recorded Document: (i.e. Property Ownership) ---

PIN: (23 digits) 04-020-2-47-05-12-1 000031 000

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 in Floodplain Zone?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue → Distance Structure is from Shoreline: --- feet  Yes  No

Non-Shoreland

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
\$1,500.00	<input 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 type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>WOUND</u> <input type="checkbox"/> Privy (Pri) 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
	<input checked="" type="checkbox"/> DECK					

Existing Structure: (if permit being applied for is relevant to it) NONE Length: --- Width: --- Height: ---

Proposed Construction: Length: --- Width: --- Height: ---

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <u>X</u> )	
	Residence (i.e. cabin, hunting shack, etc.)	( <u>X</u> )	
	with Loft	( <u>X</u> )	
	with a Porch	( <u>X</u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>X</u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>X</u> )	
	with Attached Garage	( <u>X</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)	( <u>X</u> )	
	Mobile Home (manufactured date)	( <u>X</u> )	
	Addition/Alteration (specify)	( <u>X</u> )	
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	( <u>X</u> )	
	Accessory Building Addition/Alteration (specify)	( <u>X</u> )	
	Special Use: (explain)	( <u>X</u> )	
	Conditional Use: (explain)	( <u>X</u> )	
	Other: (explain) <u>DECK</u>	( <u>110 x 241</u> )	<u>384</u>

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.

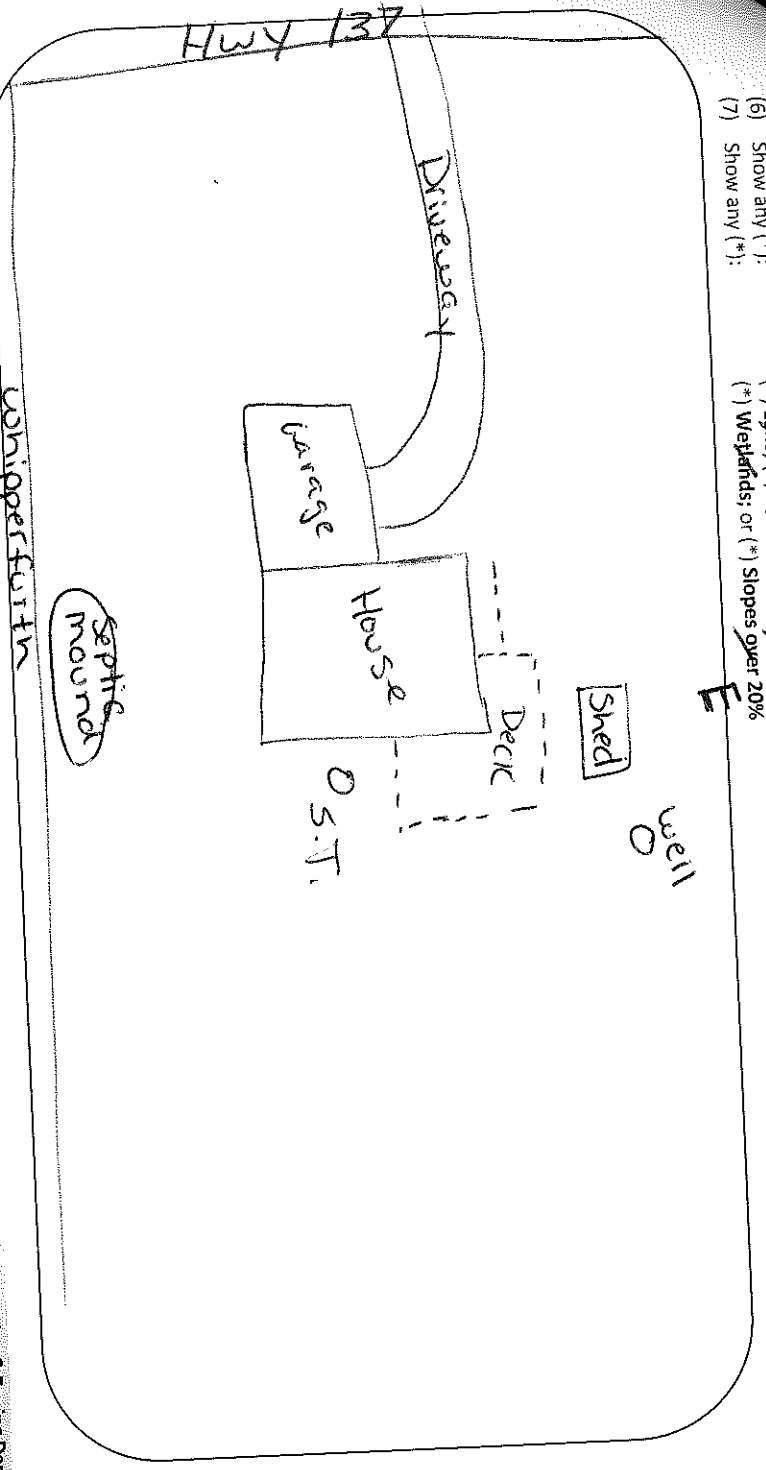
Owner(s): Michael Kasterm Date: 4-18-12  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: N/A Attach ✓  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Received for Issuance: 30525 State Hwy 137, Ashland WI 54806 Copy of Tax Statement ✓  
 Address to send permit MAN 9 2012 If you recently purchased the property send your Recorded Deed 15 14

Secretarial Staff  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

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



(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	150 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	2 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	500 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	130 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	7 Feet	Setback to Well	30 Feet
Setback to Drain Field	60 Feet		
Setback to Privy (Portable, Composting)			

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 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 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 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 or 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: \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Permit Date: 5-2-12

Permit #: 12-0091

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

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: 4-30-12 Inspected by: M. Fuchs

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

Signature of Inspector: Mitchell Fuchs Date of Approval: 5-1-12

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