

**SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 P.O. Box 58  
 Washburn, WI 54891  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 MAY 04 2012

Permit #: 12018  
 Date: 5/9/12  
 Amount Paid: \$75.00 PDS  
 Refund: 5/9/12

Bayfield Co. Zoning Dept. ABOUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

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: Christopher & Lori Graft Mailing Address: 8520 City Hwy S Ashland, WI 54806 Telephone: 715-796-2076

Address of Property: Ashland, WI 54806 City/State/Zip: Ashland, WI 54806 Cell Phone: \_\_\_\_\_

Contractor: Don Wilson Coast Contractor Phone: 715-209-1369 Plumber: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): -30000 Plumber Phone: \_\_\_\_\_

Project LOCATION: SW 1/4, SW 1/4 SE Legal Description: (Use Tax Statement) 04-000-2-47-05-06-4 03-000-20000 PIN: (23 digits) -10000 Recorded Document: (i.e. Property Ownership) 539 Page(s) 13

Section D6, Township 47 N, Range 05 W Town of: Stevens Lot Size \_\_\_\_\_ Acreage 5

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet 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>25,000</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 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 type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Wells</u> <input type="checkbox"/> Privy (Pri) 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: <u>41'</u>	Width: <u>49'</u>	Height: <u>32'</u>		
Proposed Construction:		Length: <u>16'</u>	Width: <u>24'</u>	Height: <u>14'</u>		

Proposed Use	Proposed Structure			Dimensions	Square Footage
	Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	with Loft		
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/> with Loft	( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/> Addition/Alteration (specify)	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Screen Deck</u>	( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Special Use: (explain)	( )	( )
	<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/> Other: (explain) <u>deck addition</u>		( )	( )
	<input type="checkbox"/> Special Use: (explain)			( )	( )
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)			( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date)			( )	( )
	<input checked="" type="checkbox"/> Addition/Alteration (specify)			( )	( )
	<input type="checkbox"/> Accessory Building (specify)			( )	( )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)			( )	( )
	<input type="checkbox"/> Special Use: (explain)			( )	( )
	<input type="checkbox"/> Conditional Use: (explain)			( )	( )
	<input checked="" type="checkbox"/> Other: (explain) <u>deck addition</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 this 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): Christopher Graft  
 (If there are Multiple Owners listed on the Deed Owners must sign or letter(s) of authorization must accompany this application)

Date 5/4/12

Authorized Agent: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach  Copy of Tax Statement

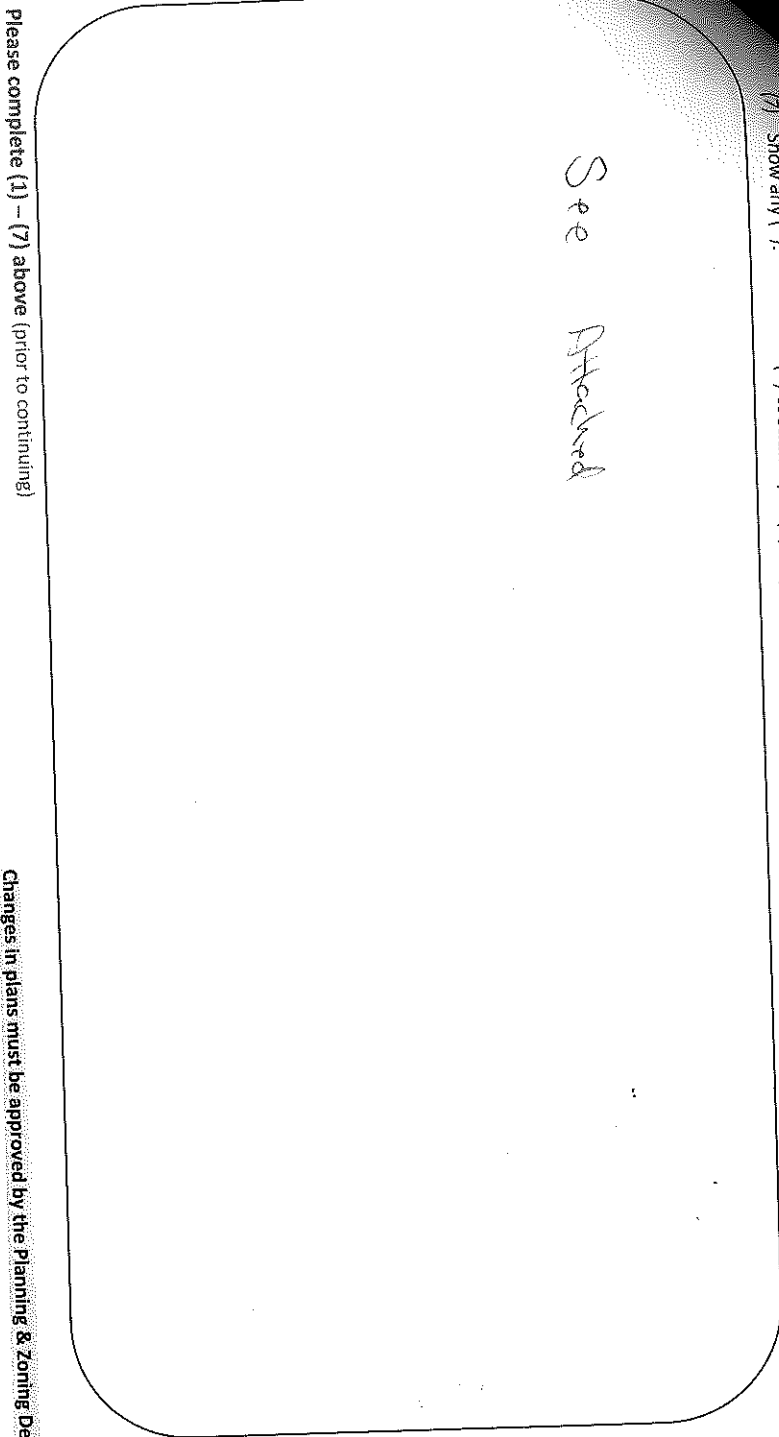
Rec'd for Issuance 8520 City Hwy S Ashland WI 54806  
 Address to send permit 8520 City Hwy S Ashland WI 54806  
 If you recently purchased the property send your Recorded Deed

MAY 9 2012

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

See Attached



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	610 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	600 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	620 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	240 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	360 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	15 Feet
Setback to Drain Field	60 Feet		
Setback to Privy (Portable, Composting)	NA 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: 171542 # of bedrooms: 3 Sanitary Date: 5-11-92

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_ Permit Date: 5-9-12

Permit #: 12-0118

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  No  Yes (used/Contiguous Lot(s))  No  Yes  No

Is Structure Non-Conforming  Yes  No

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

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

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record:  Yes  No

Affidavit Required  Yes  No Affidavit Attached  Yes  No

Mitigation Required  Yes  No Mitigation Attached  Yes  No

Date of Inspection: 5-8-12 Inspected by: Michael Furbach

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

Signature of Inspector: Michael Furbach Date of Approval: 5-8-12

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