

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
 JUN 29 2012
 Bayfield Co. Zoning Dept.
 HOW DO I FILL OUT THIS APPLICATION

Permit #:	12-00000
Date:	7-11-12
Amount Paid:	\$75.00 225 6/29/12
Refund:	

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.

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: William G. & Terri L. Poppers Mailing Address: 30375 St Hwy 137 Ashland WI 54806 Telephone: 715-682-8538
 Address of Property: 30375 St. Hwy 137 City/State/Zip: Ashland WI 54806 Cell Phone: 715-292-3122
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 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: _____
 Legal Description: (Use Tax Statement) _____
 PIN: (23 digits) 000-40000 Recorded Document: (i.e. Property Ownership) 622 Page(s) 403
 Section 12, Township 47 N, Range 5 W Town of: Zileco Lot Size _____ Acreage 6.0

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interlaken) 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 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
\$15,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input 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 checked="" 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: <u>ST-Box</u>	<input type="checkbox"/> _____
	<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"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 36 Width: 45 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	<input type="checkbox"/> Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input checked="" type="checkbox"/>	<input type="checkbox"/> Residential Use with a Porch	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use with (2") Deck	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use with Attached Garage	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) _____	() ()	()
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Accessory Building (specify) <u>pole bldg</u>	(36 X 45)	1620
<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain) _____	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) _____	() ()	()
<input type="checkbox"/>	<input type="checkbox"/> 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): William G Poppers Date: 6/29/12
 (if there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Rec'd for Issuance same as above
 Address to send permit _____

JUL 11 2012

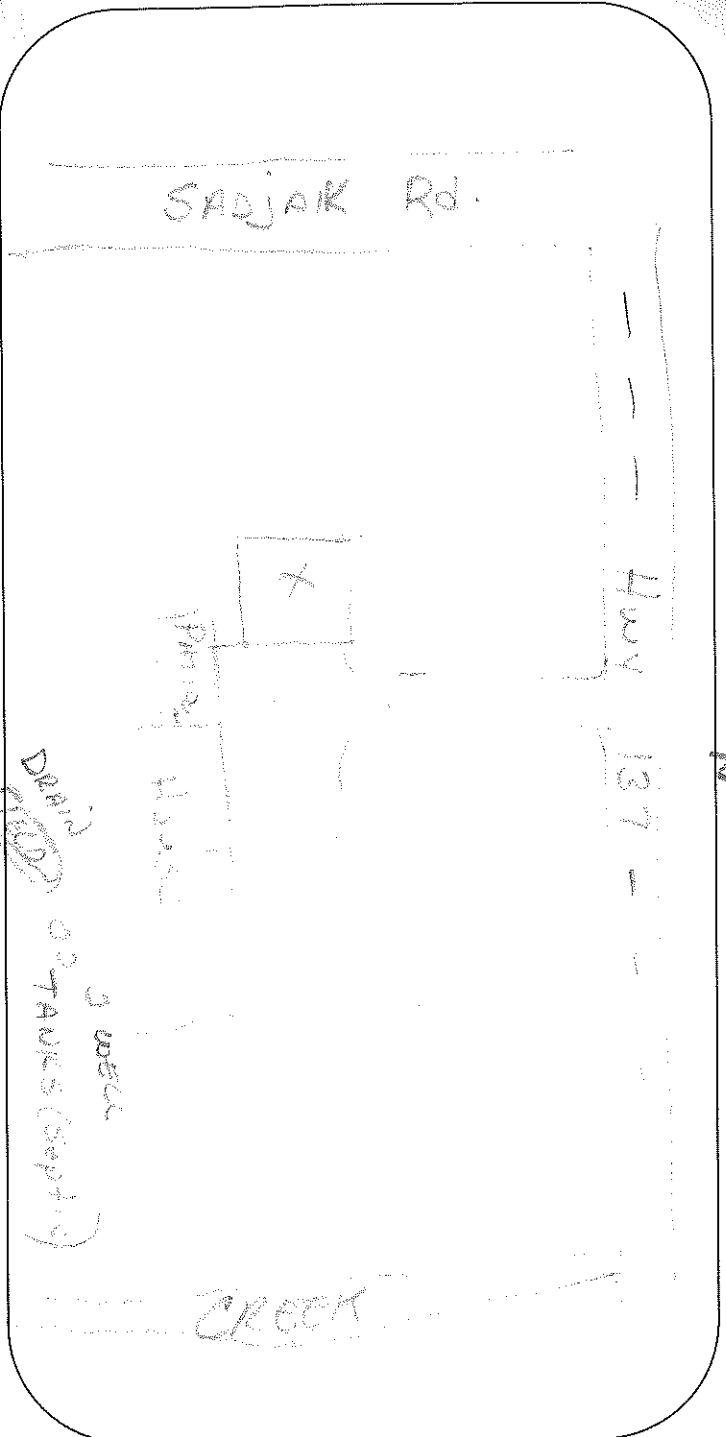
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Attach Copy of Tax Statement

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

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



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	300+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	300+ Feet	Setback from the River, Stream, Creek	150+ Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	100+ Feet
Setback from the South Lot Line	240+ Feet	Setback from Wetland	100+ Feet
Setback from the West Lot Line	SADJAK Rd 150+ Feet	Setback from 20% Slope Area	100+ Feet
Setback from the East Lot Line	150+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	80+ Feet	Setback to Well	75+ Feet
Setback to Drain Field	100+ 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:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 12-0229	Permit Date: 7-11-12				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous Lots)	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		
<input type="checkbox"/> Was Parcel legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: Well Staked, Metall all staked. Date of Inspection: 7-6-12 Inspected by: M. Furd					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input 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 Furd				Date of Approval: 7-12	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		