

SUBJECT: 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

Date of Fee: **OCT 22 2012**

Permit #: **10-04** **ENTERED**
 Date: **11-16-12**
 Amount Paid: **\$250.00** **DBS**
 Refund: **10/22/12**

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.
 Bayfield Co. Zoning Dept. 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: **MERIT NETWORK** Mailing Address: **1000 OAKBROOK DRIVE SUITE 200 W1, 48104** City/State/Zip: **ANN ARBOR MI, 48104** Telephone: **734 527 734527**

Address of Property: **ASHLAND 48760. US2. W1, 34806** City/State/Zip: **ASHLAND MI, 34806** Cell Phone: **5700**

Contractor: **EARTHCOM INC** Contractor Phone: **517 819 3467** Plumber: **[Signature]** Plumber Phone: **[Signature]**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **[Signature]** Agent Mailing Address (include City/State/Zip): **[Signature]** Written Authorization Attached Yes No

PROJECT LOCATION: **Legal Description: (Use Tax Statement)** **1/4, 1/4** PIN: (23 digits) **04-020-2.47.0510.1.01.3000** Recorded Document: (i.e. Property Ownership) **Volume: Page(s)**

Section **10**, Township **47 N**, Range **5 W** Town of: **Ellieen**

Shoreland **Shoreland** → Distance Structure is from Shoreline: **[Signature]** feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Shoreland → Distance Structure is from Shoreline: **[Signature]** feet
 Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No
 If yes---continue → Distance Structure is from Shoreline: **[Signature]** feet

| 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 |
|--|--|--|--|---|--|--|
| \$100K | <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 type="checkbox"/> Basement | <input 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 <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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 type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: **20'** Width: **10'** Height: **10'6"**

Proposed Construction: Length: **20'** Width: **10'** Height: **10'6"**

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|----------------|----------------|
| <input checked="" type="checkbox"/> Commercial Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2") Porch with a Deck with (2") Deck with Attached Garage <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input 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) FIBER HUT PER FAB <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____ | 10 x 20 | 300 |
| <input type="checkbox"/> Residential Use | <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2") Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2") Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input 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 type="checkbox"/> Other: (explain) _____ | | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <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) consenting 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 **6.14.12**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

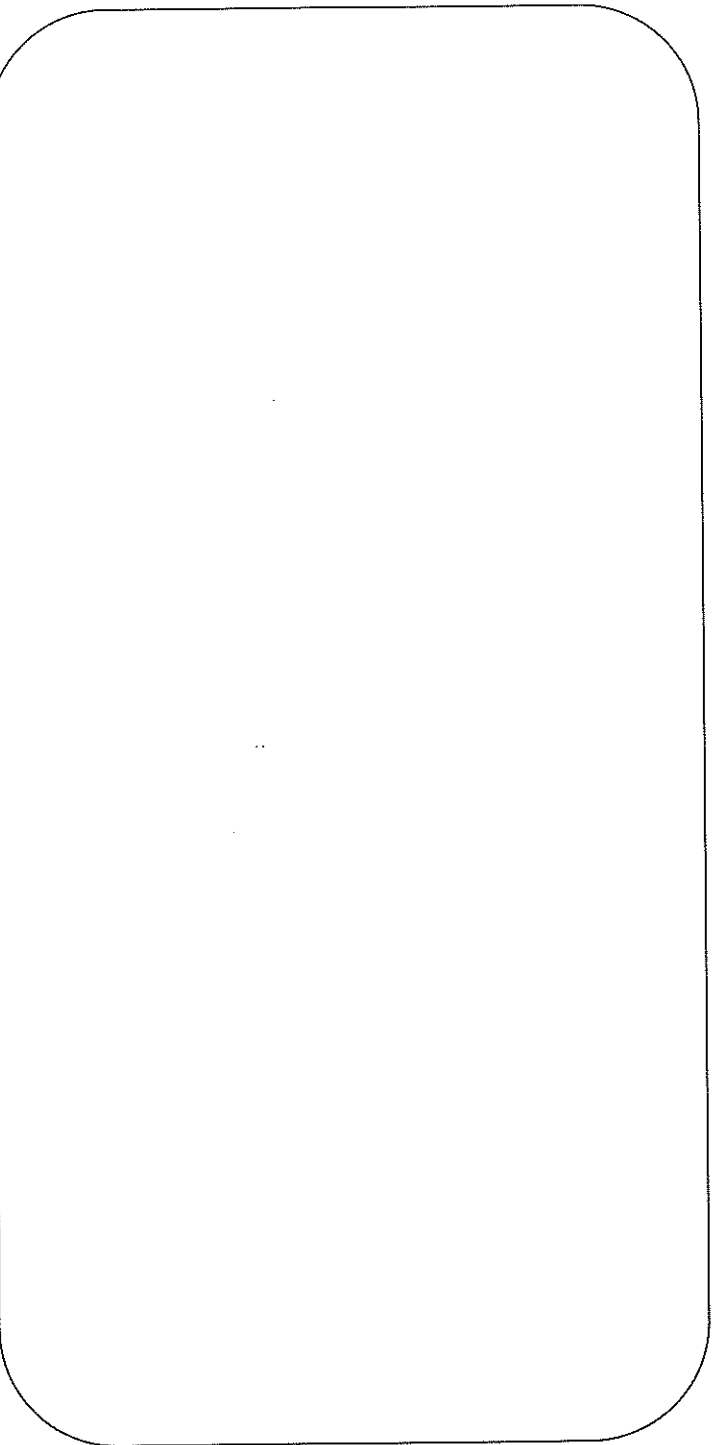
Authorized Agent: **[Signature]** Date _____
 You are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **PLEASE CALL TOM 517 819 3467** Attach **Copy of Tax Statement**
 NOV 6 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

the box 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 | 115 Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 35 Feet | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line | NA Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | 1000+ Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 340+ Feet | Setback from 20% Slope Area | NA Feet |
| Setback from the East Lot Line | 1000+ Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | NA Feet | Setback to Well | NA Feet |
| Setback to Drain Field | NA 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 #: <u>12-0441</u> | | Permit Date: <u>1-6-12</u> | | | | | |
| <input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input checked="" type="checkbox"/> Is Structure Non-Conforming | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous Lots) <input type="checkbox"/> No | <input checked="" type="checkbox"/> No <input type="checkbox"/> No | <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 | |
| Granted by Variance (B.O.A.) | | Case #: | | Previously Granted by Variance (B.O.A.) | | Case #: | |
| Was Parcel Legally Created | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Were Property Lines Represented by Owner | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Was Property Surveyed | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: <i>Structure is utility related. (Fiber optic hub).</i> | | Inspected by: <u>MM Fustals</u> | | Zoning District: <u>(A-1)</u> | | Lakes Classification: <u>(NA)</u> | |
| Date of Inspection: <u>11-2-12</u> | | Inspected by: <u>MM Fustals</u> | | Date of Re-Inspection: | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached) | | | | | | | |
| Signature of Inspector: <u>Michael Fustals</u> | | Date of Approval: <u>11-5-12</u> | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | | |

County, WI

Experimental Farm Aerial Map



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30' ROW
115' \perp
330' edge of State Farm Rd

Structure location
~~AAA~~