

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  
 MAR 18 2013  
 Bayfield Co. Zoning Dept.  
 HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

ENTERED Permit # 13-00301  
 Date: 3-20-13  
 Amount Paid: \$75 3-18-13  
 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.

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

Owner's Name: Robert W. Karen Hansen Res Living Trust Mailing Address: 25370 US Hwy 2 City/State/Zip: Mason WI 54856 Telephone: 715-746-2242

Address of Property: 25370 US Hwy 2 City/State/Zip: Mason WI 54856 Cell Phone: 715-209-6708

Contractor: Mason Contractor Phone: USI Plumber: USI Plumber Phone: 715-209-6708

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

PROJECT LOCATION: Res 1/4 E 1/4 NW 1/4 Legal Description: (Use Tax Statement) 04-020-2-47-05 79-2-01-000-2000 PIN: (23 digits) 04-020-2-47-05 79-2-01-000-2000 Recorded Document: (i.e. Property Ownership) Volume 2956 Page(s) P389

Section 19, Township 47 N, Range 5 W Town of: Eileen Lot Size: 1165 + 14,574 Acreage:

Shoreland  Non-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: 130' feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue → Distance Structure is from Shoreline: 130' 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
<u>\$ 5000.</u>	<input 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 checked="" 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Existing</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"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<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: 40' Width: 8' Height: 12'

Proposed Construction: Length: 40' Width: 8' Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <u>  </u> X <u>  </u> )	<u>  </u>
	Residence (i.e. cabin, hunting shack, etc.)	( <u>  </u> X <u>  </u> )	<u>  </u>
	with Loft	( <u>  </u> X <u>  </u> )	<u>  </u>
	with a Porch	( <u>  </u> X <u>  </u> )	<u>  </u>
	with (2 <sup>nd</sup> ) Porch	( <u>  </u> X <u>  </u> )	<u>  </u>
	with a Deck	( <u>  </u> X <u>  </u> )	<u>  </u>
	with (2 <sup>nd</sup> ) Deck	( <u>  </u> X <u>  </u> )	<u>  </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>  </u> X <u>  </u> )	<u>  </u>
	Mobile Home (manufactured date) _____	( <u>  </u> X <u>  </u> )	<u>  </u>
	Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	<u>  </u>
	Accessory Building (specify) _____	( <u>  </u> X <u>  </u> )	<u>  </u>
	Accessory Building Addition/Alteration (specify) _____	( <u>  </u> X <u>  </u> )	<u>  </u>
	Special Use: (explain) _____	( <u>  </u> X <u>  </u> )	<u>  </u>
	Conditional Use: (explain) _____	( <u>  </u> X <u>  </u> )	<u>  </u>
<input checked="" type="checkbox"/> Municipal Use	Other: (explain) <u>Deck over Existing West Deck</u>	( <u>8' X 40'</u> )	<u>320</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): Robert W. Karen Hansen Teresa M. Hansen Date: 3/17/13

(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) Date: \_\_\_\_\_

Address to send permit 25370 US Hwy 2 Mason WI 54856 Attach  Copy of Tax Statement

Fused to 04-020-2-47-05-19-2 01-000-30000 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

