

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
 APR 25 2013
 Bayfield Co. Zoning Dept.
 HOW DO I FIND OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Permit #:	13-0050	ENTERED
Date:	4-26-13	
Amount Paid:	\$75 426-13	
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 PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: James Knetz
Address of Property: 2519D City Hwy G, Ashland, WI 54806
City/State/Zip: Ashland, WI 54806
Telephone: 715-746-2292
Cell Phone:
Plumber Phone:
Contractor: Northland Building Inc.
Contractor Phone: 715-395-5705
Plumber: None
Agent Phone:
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached: Yes No

PROJECT LOCATION: SUD 1/4, SUD 1/4
Legal Description: (Use Tax Statement) 04-020-2-47-05-06-3 03-000-1002
Gov't Lot: Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Page(s)
Section: 6, **Township:** H77 N, **Range:** 5W W, **Town of:** Filleen
Lot Size: **Acreage:** 40

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				
							Shoreland	Non-Shoreland		
\$19,900	<input checked="" 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 checked="" type="checkbox"/> Pole Barn	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) <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 checked="" type="checkbox"/> Well				
							<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward Side of Floodplain? <input type="checkbox"/> If yes--continue →	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue →	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: _____ feet
							<input type="checkbox"/> Shoreland	<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
							<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward Side of Floodplain? <input type="checkbox"/> If yes--continue →	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue →	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
							<input type="checkbox"/> Shoreland	<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Existing Structure: (If permit being applied for is relevant to it) Length: 40' Width: 24' Height: 10'6"

Proposed Construction: Length: _____ Width: _____ Height: _____

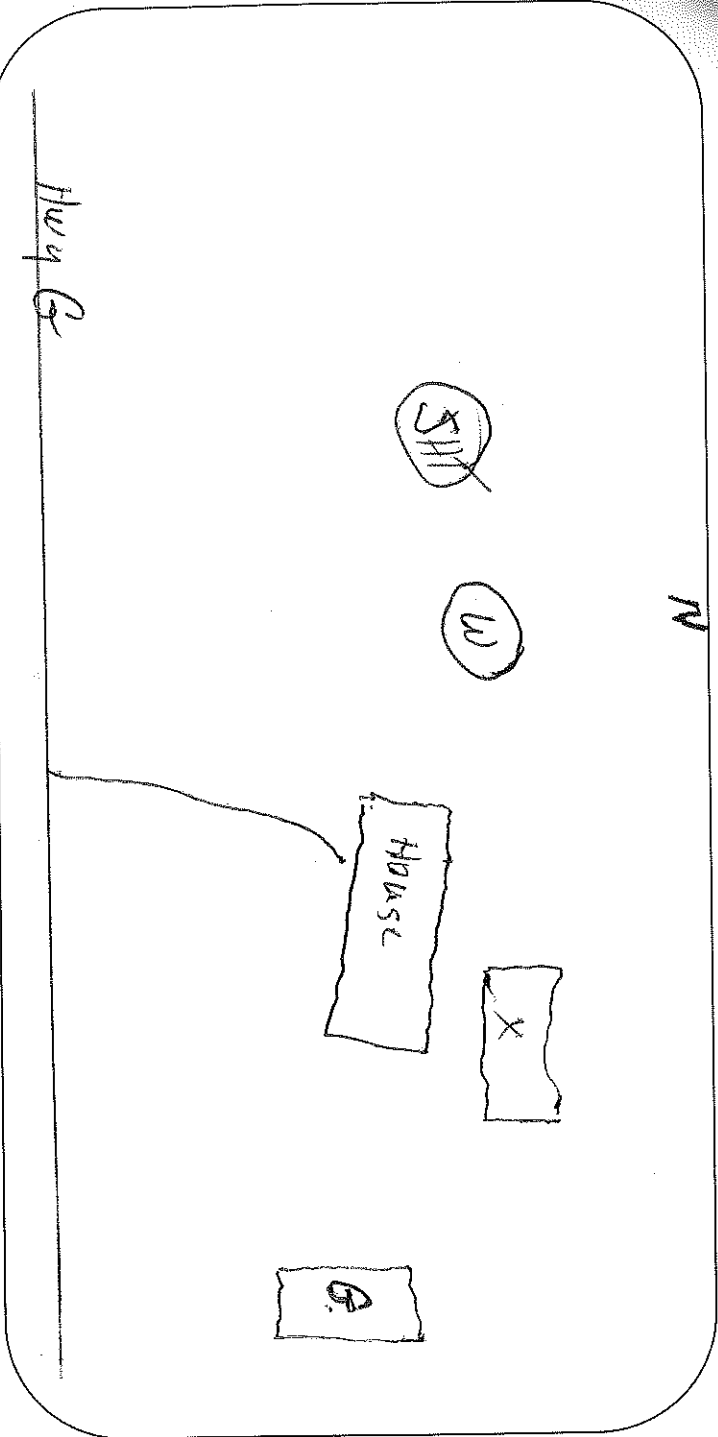
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify) Pole Barn	(40 x 24)	960
	Accessory Building Addition/Alteration (specify)	() ()	()
Rec'd for Issuance	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
APR 26 2013	Other: (explain)	() ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (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 content 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.

Owners: James Knetz, M.J. Knetz
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 4-24-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: SAME AS ABOVE
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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

- Proposed Construction
- (1) Show Location of:
 - (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	700' ±	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	200'	Setback from the River, Stream, Creek	600' ±
Setback from the North Lot Line	500' ±	Setback from the Bank or Bluff	550'
Setback from the South Lot Line	1000' ±	Setback from Wetland	NA
Setback from the West Lot Line	75'	Setback from 20% Slope Area	NA
Setback from the East Lot Line		Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	200'	Setback to Well	100-150'
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

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 Dwelling: 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 #: 13-0050	Permit Date: 4-26-13			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:	Zoning District (A-1)			
Meet with applicant	Lakes Classification (3)			
Date of Inspection: 4-25-13	Inspected by: M. Fuchs	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.)				
May not be used for human habitation.				
No other work planned in structure.				
Signature of Inspector: Michael Fuchs	Date of Approval: 4-25-13			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	