

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  
 Date of Permit: **JUL 09 2013**

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.  
 HOWARD DR

Permit #: **13-0216**  
 Date: **7-26-13**  
 Amount Paid: **\$135 7-10-13**  
 Refund:   
 ENTERED

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

Owner's Name: **James Melin** Mailing Address: **1341 Macauley Ave** City/State/Zip: **Ashland WI 54806** Telephone: **715-682-9761**

Address of Property: **State Hwy 137** Contractor Phone: **Plumber: Steve** Agent Mailing Address (include City/State/Zip): **(715) 331-9409**

Contractor: **SAIF** Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **Plumber: Steve** Written Authorization Attached  Yes  No

PROJECT LOCATION: **Sec 1/4, N2 1/4** Gov't Lot: **Lot(s) CSM Vol & Page** Lot(s) No. **Lot(s) No. Block(s) No. Subdivision:** Recorded Document: (i.e. Property Ownership) Volume **1002** Page(s) **469**

Section **11**, Township **47** N, Range **05** W Town of: **Coleman** Lot Size **0.655 A** Acreage **0.655**

Shoreland  Non-shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) 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  If yes---continue

Distance Structure is from Shoreline: **379' From south bank of Fish Creek** feet

Distance Structure is from Shoreline: **379'** feet

Distance Structure is from Shoreline: **379'** 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
\$45,000	<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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
	with Loft	( ) X ( )	( )
	with a Porch	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
	with a Deck	( ) X ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( ) X ( )	( )
	Accessory Building (specify) <b>14425th St/Storage on 565th road</b>	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	( )
	Special Use: (explain) _____	( ) X ( )	( )
	Conditional Use: (explain) _____	( ) X ( )	( )
	Other: (explain) _____	( ) X ( )	( )

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 accuracy of all information provided 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) understand that the above described property at any responsible time for the purpose of this application.

Owners: **James Melin** Date: **7-9-2013**

(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: \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_ Attach: Copy of Tax Statement

APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

- 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 (\*): (\* ) 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%

7-25-13

DUNE WAS SUPPOSED TO GO FOR REINSPECTION BUT NEVER DID. PERMIT IS BEING ISSUED W/ THE VERBATIM & REWRITTEN CONDITIONS THE BUDA IS MAINTAINED AT LEAST 3 FT AWAY FROM THE ROAD INCLUDING THE E.O.S.

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	50 Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	50 Feet	Setback from the River Stream/Creek	N/A
Setback from the North Lot Line	50 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	60 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	85 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	20 Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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: N/A # of bedrooms: N/A Sanitary Date: N/A

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 13-0812 Permit Date: 7-26-13

Is Parcel a Sub-Standard Lot  Yes  No  
 Is Parcel in Common Ownership  Yes  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: N/A Previously granted by Variance (B.O.A.)  Yes  No

Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No

Inspection Record: CAUSE Jim Mulline 7/15/13 advised that the front of the building he worked 3 ft away from road to meet 10' req. boundary. He confirmed he worked more bldg.

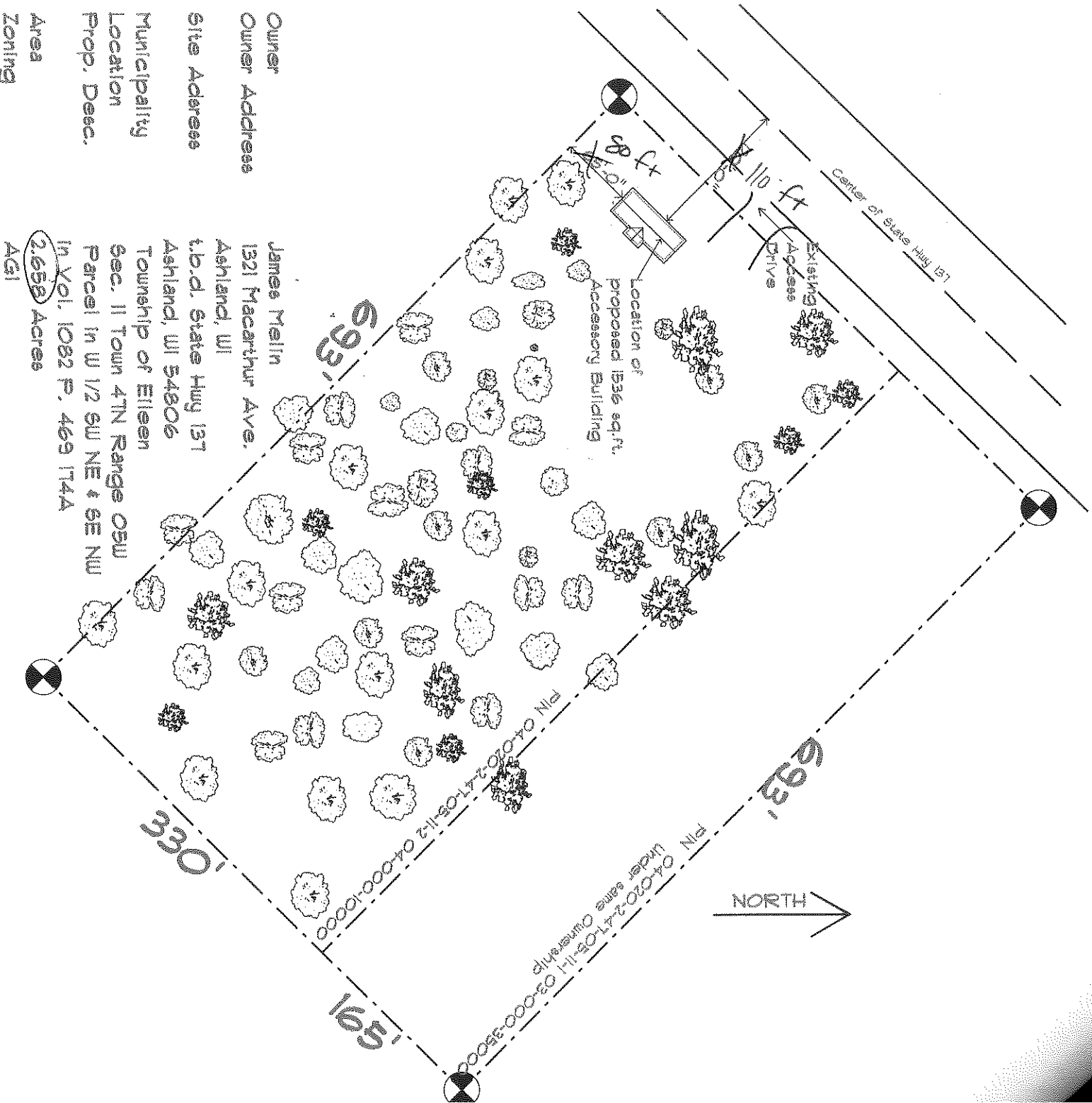
Date of Inspection: 7-10-13 Inspected by: Kevin Crossberg, Murphy Date of Re-Inspection: \_\_\_\_\_

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

Structure is Required to Be Moved, At Minimum, 3 FT AWAY FROM HIGHWAY TO MEET FRONT SETBACK. ADDITIONAL ACCESSION ON SITE IS LABS (HMD) 200 SQ' AND EXEMPT FROM PERMIT REQUIREMENT

Signature of Inspector: \_\_\_\_\_ Date of Approval: 7-25-13

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



Owner  
 Owner Address  
 Site Address  
 Municipality  
 Location  
 Prop. Desc.  
 Area  
 Zoning

James Melin  
 1321 MacArthur Ave.  
 Ashland, WI  
 t.b.d. State Hwy 137  
 Ashland, WI 54806  
 Township of Eileen  
 Sec. 11 Town 47N Range 05W  
 Parcel in W 1/2 SW NE & SE NW  
 in Y01, 1082 P. 469 174A  
2.658 Acres  
 AG1