

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  
 AUG 22 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-031A  
 Date: 9-16-13  
 Amount Paid: \$75  
 Refund: 8-20-13

ENTERED

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

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

Owner's Name: Mark Mackey Mailing Address: 1122 2nd Ave N Ashland, WI 54806 Telephone: \_\_\_\_\_  
 Address of Property: 29980 Carlson RD City/State/Zip: ASHLAND, WI 54806 Call Phone: 723 531 9788  
 Contractor: self Contractor Phone: \_\_\_\_\_ Plumber: NA 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, SE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 11, Township 47 N, Range 5 W Town of: Eileen Lot Size \_\_\_\_\_ Acreage \_\_\_\_\_

Legal Description: (Use Tax Statement) 04. 020-2-47-05-11-4 of 000-10500 Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet Are Wetlands Present?  Yes  No

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

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
\$24,500 per owner	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Asbestos</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft			<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/ service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> None	

Existing Structure: (If permit being applied for is relevant to it) Length: 60' Width: 40' Height: 10'  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input 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 <sup>nd</sup> ) Porch	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with Attached Garage	( ) ( )	( )
<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) _____	( ) ( )	( )
	Addition/Alteration (specify) _____	( ) ( )	( )
	Accessory Building (specify) <u>Storage</u>	( <u>46' X 60'</u> )	<u>2700</u>
	Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
	Special Use: (explain) _____	( ) ( )	( )
	Conditional Use: (explain) _____	( ) ( )	( )
	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.

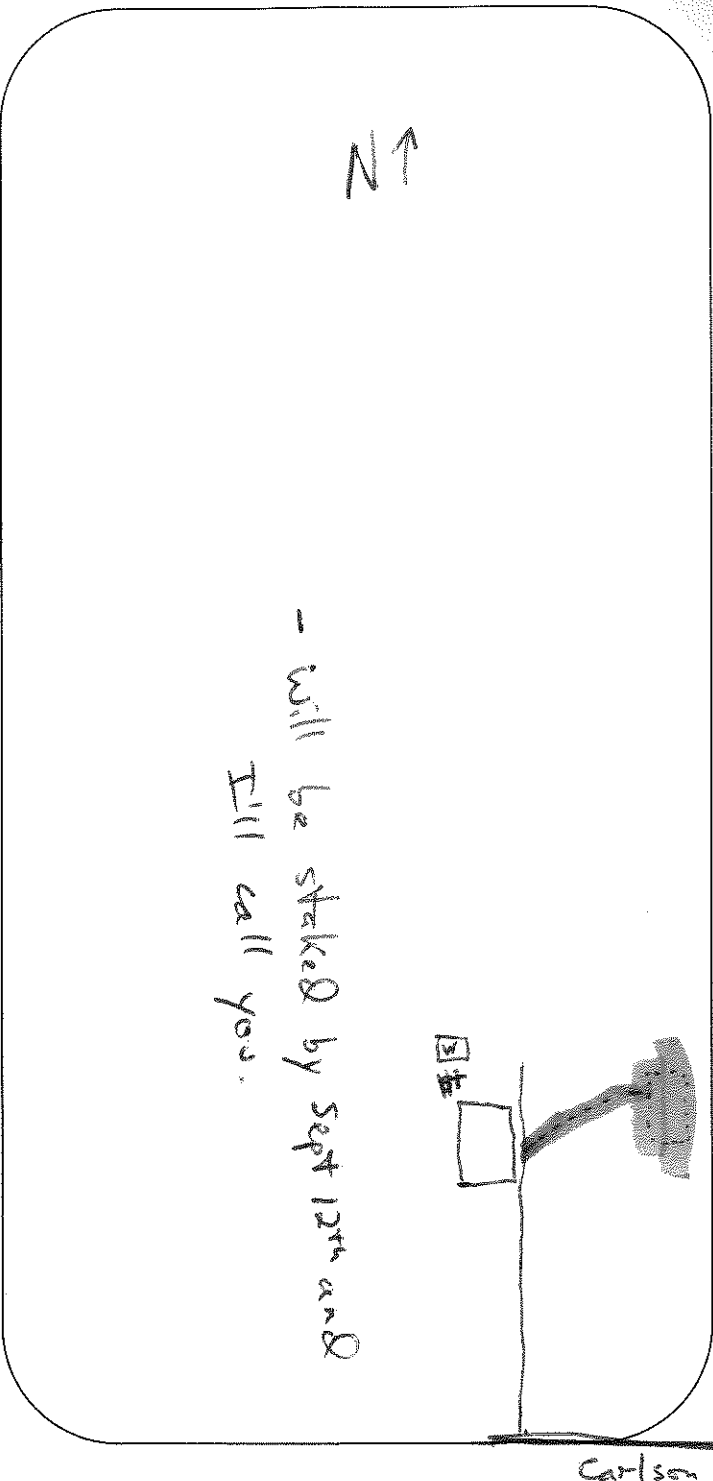
Owner(s): Richard P. Mackey Date: 19 Aug 13  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
 (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:
  - (2) Show / Indicate:
  - (3) Show Location of (\*):
  - (4) Show:
  - (5) Show any (\*):
  - (6) Show any (\*):
  - (7) Show any (\*):

- Proposed Construction  
North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%



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	7100 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	7100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	2100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	2100 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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 #: 13-0310 Permit Date: 9-16-13

Is Parcel a Sub-Standard Lot  Yes  No

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No

Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No STAKED

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspected by: CREANBORO, MURPHY

Inspection Record: SITE FLATTED. WETLANDS PRESENT ADJACENT TO PROPOSED DRIVE ACCESS TO NEUSGARAPAC. TALKED W/ PROPERTY OWNER 9-16-13 RE WETLANDS

Date of Inspection: 9-13-13 Zoning District: (A-1)

Conditions: Accessories shall not be used for human habitation or storage by pressurized water/inshore swimming unless required permits are obtained. No fishing/boating or earth disturbing activity allowed in wetlands w/ WDNR permit is issued. WDNR contact: Alyssa Gore (715) 685-2423.

Signature of Inspector: [Signature] Date of Approval: 9-16-13

Hold For Sanitary:  Hold For B.A.:  Hold For Affidavit:  Hold For Fees: