

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
 DEED
 Stamp (received)
 MAR 27 2012



Permit #:	12-0263
Date:	4-19-12
Amount Paid:	\$100.00 Cash
Refund:	3/25/12

Bayfield Co. Zoning Dept.

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

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: BRYAN TDBERICK Mailing Address: WISCONSIN DEER LK RD Iron River City/State/Zip: _____ Telephone: 715-322-1904

Address of Property: SAME AS MAINLINE Contractor Phone: _____ City/State/Zip: _____ Cell Phone: 218 343-6644

Contractor: PILLIP GROSE Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____ Agent Phone: _____ Recorded Document (i.e. Property Ownership): _____ Written Authorization Attached: Yes No Page(s): _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4, 5 Gov't Lot: 5 Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Volume: _____ Page(s): _____

Section 14, Township 47 N, Range 9 W Town of: Aviles

Distance Structure is from Shoreline: _____ feet Distance Structure is from Floodplain Zone? No Are Wetlands Present? No

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes...continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes...continue →

Value at Time of Completion: \$2500 Project (What are you applying for): New Construction # of Stories and/or basement: 1-Story Use: Seasonal # of bedrooms: 1 What Type of Sewer/Sanitary System Is on the property?: City Well

*Include donated time & material

Addition/Alteration 1-Story + Loft Year Round 2 (New) Sanitary Specify Type: CONCRETE

Conversion 2-Story 3 Sanitary (Exists) Specify Type: _____

Relocate (existing bldg) Basement None Privy (Prt) or Vaulted (min 200 gallon)

Run a Business on Property No Basement Compost Toilet

Foundation None Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: 50 Width: 0 Height: N/A

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input type="checkbox"/>	with a Porch	() ()	()
<input checked="" type="checkbox"/>	Residential Use with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () 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 checked="" type="checkbox"/>	Other: (explain) <u>SHRUBS SPRA</u>	() ()	()

FAULTURE 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 or inspection.

Owner(s): Bryan Tdberrick Date: MAR 27 12

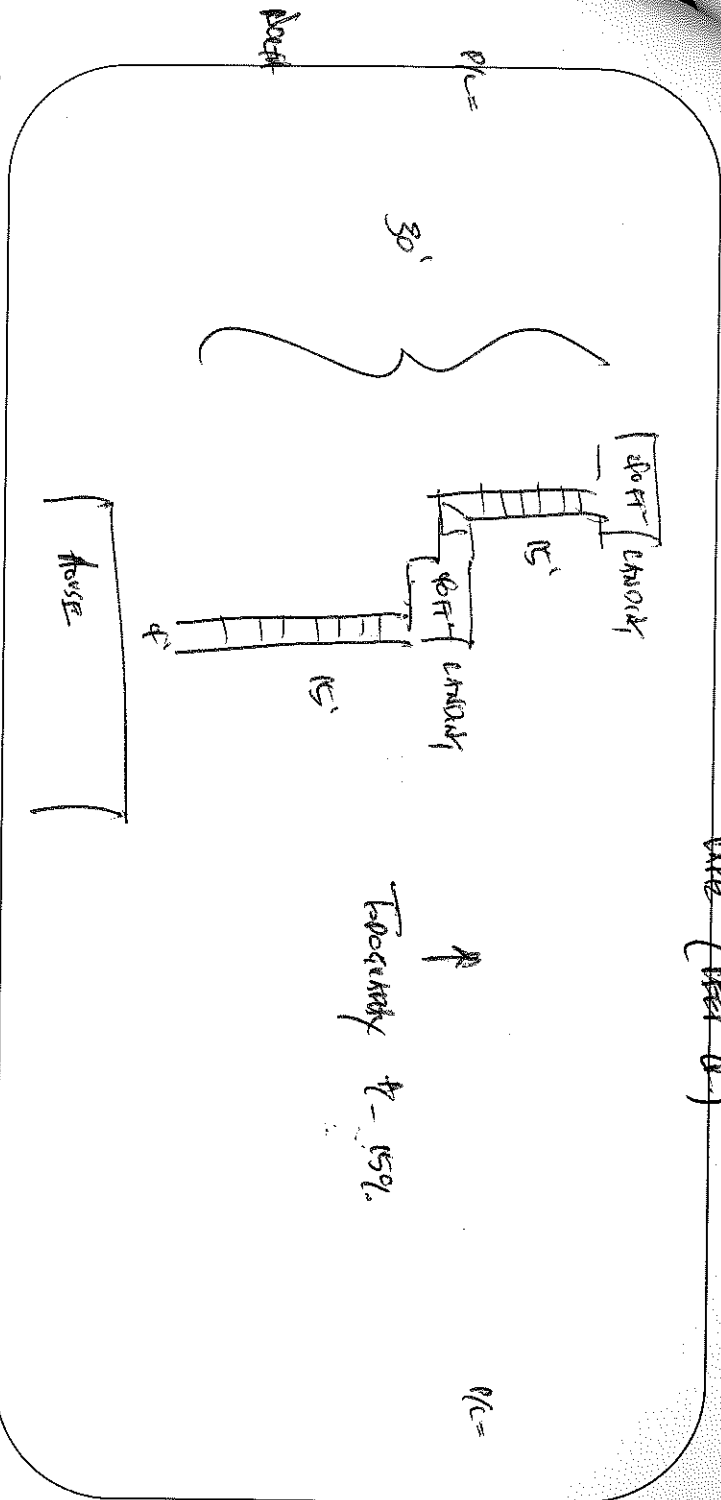
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____

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

- 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%

Area (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	30'	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	15'	Setback from the River, Stream, Creek	5'
Setback from the North Lot Line	5'	Setback from the Bank or Bluff	
Setback from the South Lot Line	5'	Setback from Wetland	
Setback from the West Lot Line	5'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	5'	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	5'	Setback to Well	5'
Setback to Drain Field	5'		
Setback to Privy (Portable, Composting)	5'		

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)

Permit Denied (Date): _____ Sanitary Number: _____ # of Bedrooms: _____ Sanitary Date: _____

Permit # 12-06163 Permit Date: 4-19-12

Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit 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	Case #:		

Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspection Record: ferrously rusty stumps Abides Tanks

Date of Inspection: 4-3-12 Inspected by: DL

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached)

Zoning District: (R1B)

Lakes Classification: (2)

Date of Re-Inspection: _____

Signature of Inspector: [Signature] Date of Approval: 4-3-12

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____