

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 RECEIVED
 Date Stamp (Received)
 MAY 03 2012

Permit #: 12-0108
 Date: 5-17-12
 Amount Paid: \$2,425.00
 Refund: 5/13/12
 RDS

Bayfield Co. Zoning Dept.

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: Scott & SHAWN O'BRIEN Mailing Address: 27 BEAVER LAKE City/State/Zip: N. ATTESBOLO WI Telephone: _____
 Address of Property: 66805 E. DEEP LAKE RD. City/State/Zip: PROF. WEAVER WI 54847 Telephone: _____
 Contractor: Fellis Building Const. INC Contractor Phone: 372-8584 Plumber: WAL. P. WIS Plumber Phone: 739-6255
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Janeth Zoller Agent Phone: 372-8584 Agent Mailing Address (include City/State/Zip): Box 37 BEAVER LAKE WI 54820 Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 23, Township 47 N, Range 4 W TOWN of: NOTICES Lot Size _____ Acreage 40
 Legal Description: (Use Tax Statement) 04-022-2-47-04-23-1 01-000-10000 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

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 -->

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: 52 feet

Distance Structure is from Shoreline: 4 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>\$750,000</u>	<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"/> 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Callitashaka</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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

Existing Structure: (if permit being applied for is relevant to it) Length: 325' Width: 69' Height: 235'
 Proposed Construction: Length: _____ Width: _____ Height: _____

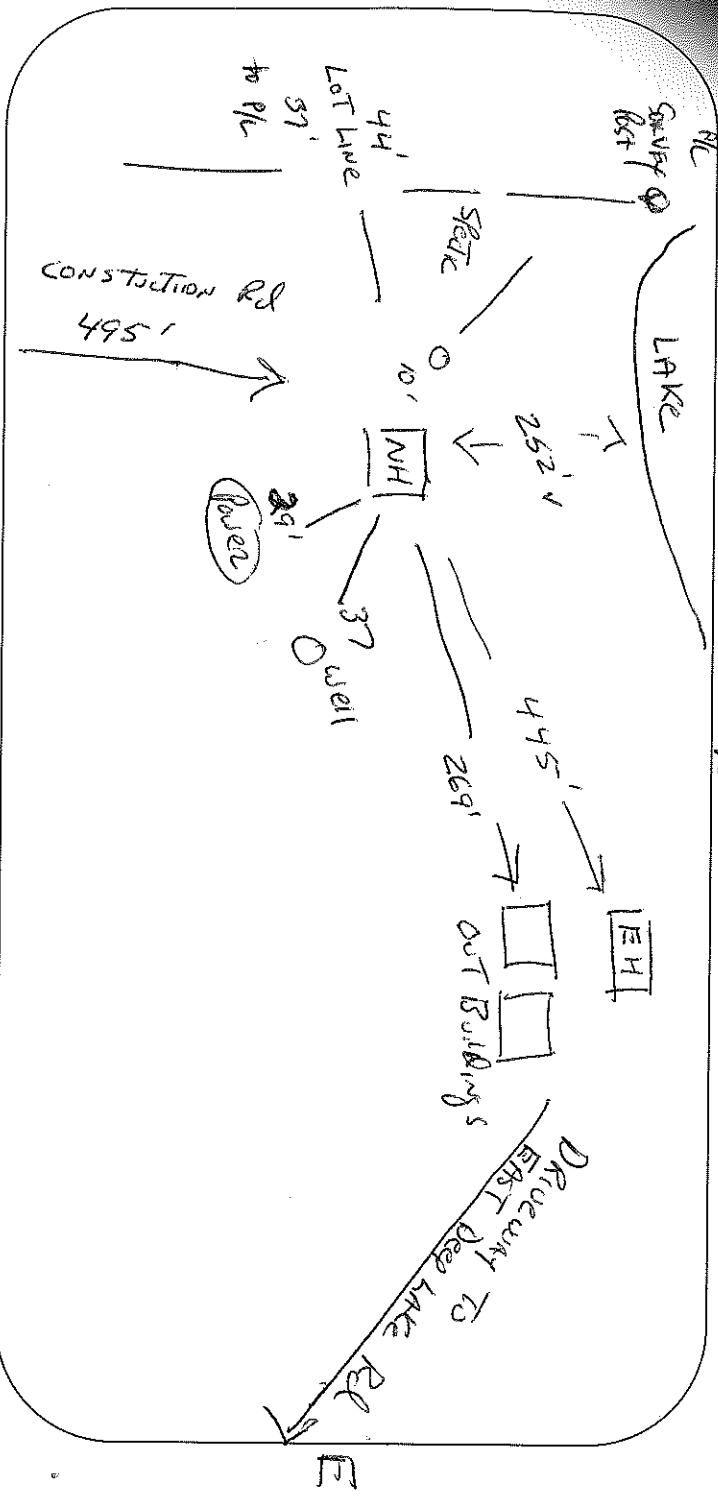
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with (2 nd) Deck with Attached Garage	(<u>32' x 69'</u>) (<u>16' x 22'</u>) (<u>16' x 22'</u>) (<u>26' x 28'</u>)	<u>2300</u> <u>352</u> <u>728</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> 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"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> 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): _____ Date: 4-24-12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Janeth Zoller
 Record for Issuance of PO Box 37 BEAVER LAKE WI 54820
 Address to send permit 17 2012
 Attach Copy of Tax Statement

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

- Show Location of:
 (1) Show / Indicate:
 (2) Show Location of (*):
 (3) Show:
 (4) Show:
 (5) Show:
 (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)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	495 Feet	Setback from the Lake (ordinary high-water mark)	252 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	269 Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	495 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	37 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	44 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	37 Feet
Setback to Drain Field	20 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:	12-235	# of bedrooms:		Sanitary Date:	5-1-12
Permit Denied (Date):		Reason for Denial:					
Permit #: 12-0128		Permit Date:	5-17-12				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Zoning District <input type="checkbox"/> Lakes Classification ()	<input type="checkbox"/> Date of Re-inspection:
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Case #:			
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Inspection: 5-8-12		Inspected by: DL	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) A Uniform Dwelling Code (UDC) Result from the County Contracted UDC Research Agency must be obtained prior to the start of construction.							
Signature of Inspector: [Signature]							
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
Date of Approval: 5-8-12						Date of Re-inspection:	