

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 Stamp (Received)
 JUN 17 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0520
 Date: 6-26-13
 Amount Paid: 195.00
 Refund: 6-17-13
 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: Lisa Zunker
 Address of Property: 1495 Barn Rd
 City/State/Zip: Bole/WI/54820
 Telephone: (715) 373-8488
 Call Phone: (715) 313-3939
 Contractor: Northland Blowers
 Contractor Phone: 800-236-4510
 Plumber:
 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: NE 1/4, NW 1/4
 Legal Description: (Use Tax Statement) 04-022-2-47-04-062
 PIN: (23 digits) 04-022-2-47-04-062
 Volume 1073
 Page(s) 28
 Gov't Lot: Gov't Lot
 Lots: CSM
 Vol & Page: Vol & Page
 Lot(s) No.: Block(s) No.:
 Subdivision:
 Section 6, Township 47 N, Range 04 W
 Town of: Hughes
 Lot Size 21.650
 Acres 43.85

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: _____ 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
\$49,970	<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 checked="" 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 type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
		<input checked="" type="checkbox"/> Slab				

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 40' Height: 12'
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Storage Shed	140 x 40	1600
	Residence (i.e. cabin, hunting shack, etc.)	() x ()	()
	with Loft	() x ()	()
	with a Porch	() x ()	()
	with (2 nd) Porch	() x ()	()
	with a Deck	() x ()	()
	with (2 nd) Deck	() x ()	()
	with Attached Garage	() x ()	()
<input type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() x ()	()
	Mobile Home (manufactured date)	() x ()	()
	Addition/Alteration (specify)	() x ()	()
	Accessory Building (specify)	() x ()	()
	Accessory Building Addition/Alteration (specify)	() x ()	()
<input type="checkbox"/> Municipal Use			
	Special Use: (explain)	() x ()	()
	Conditional Use: (explain)	() x ()	()
	Other: (explain)	() x ()	()

Rec'd for Issuance JUN 26 2013
 Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 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): Lisa Zunker
 Date: 6-17-13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

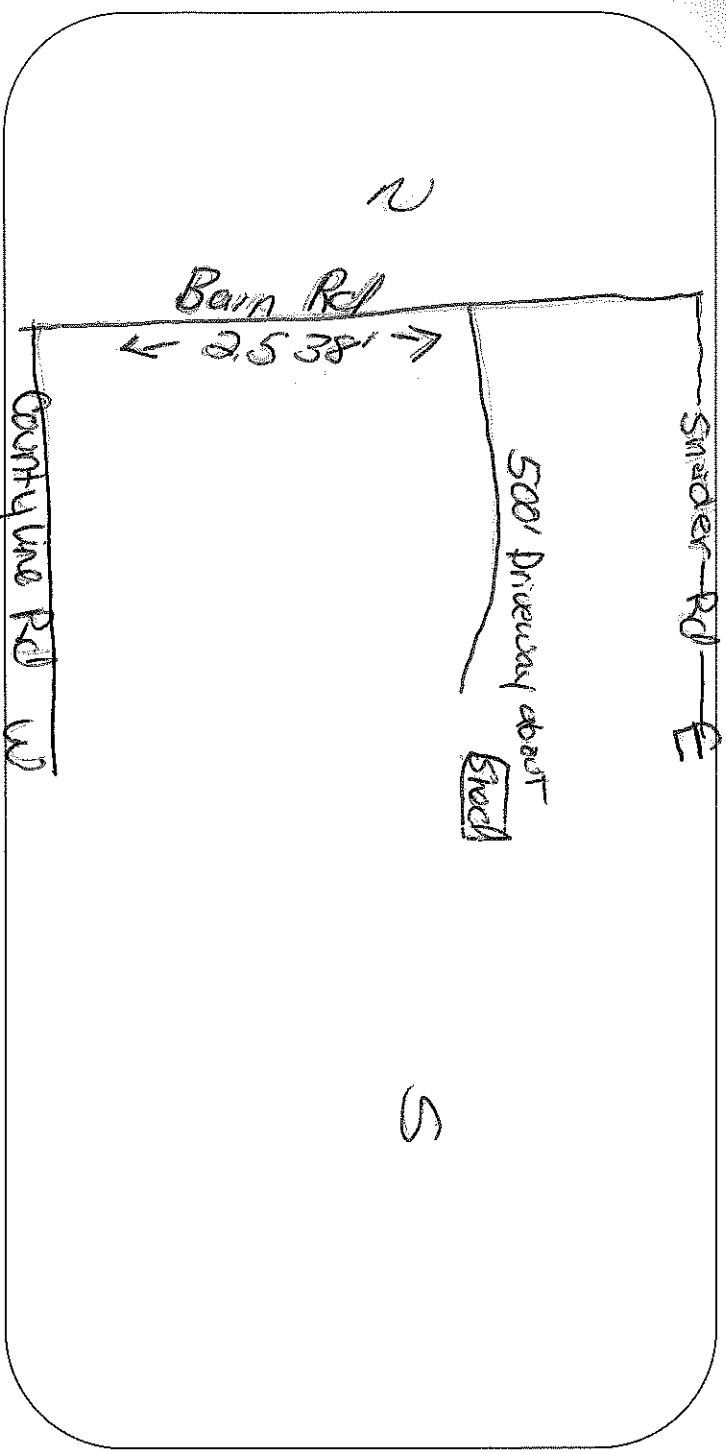
Authorized Agent: _____
 Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 14067 E. Tuora Rd, Bole, WI 54820
 Attach
 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	500+ Feet	Setback from the Lake (ordinary high water mark)	NA Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	500+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	3000 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	2500 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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 #: B-01520 Permit Date: 6-20-13

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) 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.) Case #: Yes No
 Were Property Lines Represented by Owner Was Property Surveyed Yes No

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

Inspection Record: Will stake. Meets all setbacks
 Date of inspection: 10-17-13 Inspected by: MT Fustak
 Conditions(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
May not be used for human habitation.
No water under pressure in structure

Signature of Inspector: Michael Fustak Date of Approval: 6-26-13

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