

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

Class A
 APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 AUG 15 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-0095
 Date: 9-10-13
 Amount Paid: \$916
 Return: 8-16-13

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 & Brock TRIVETT Mailing Address: 14067 TOURA RD BRULE WI 54820 Telephone: 715-313-3432

Address of Property: 495 BAN RD City/State/Zip: BRULE WI 54820 Cell Phone: 379-8488

Contractor: P & E WISNER BUILDERS Contractor Phone: 715-563-4880 Plumber: JP MECHANICAL Plumber Phone: 715-533-0951

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Justin Wiser Agent Phone: 715-563-4880 Agent Mailing Address (include City/State/Zip): 1750 EUS ST BRULE WI 54820 Written Authorization Attached: Yes No

PROJECT LOCATION: W2374, NW 1/4 Legal Description: (Use Tax Statement) 04-02-2-2-47-01-06-1750-000-10000 PIN: (23 digits) 04-02-2-2-47-01-06-1750-000-10000 Recorded Document: (i.e. Property Ownership) 2-01-000-10000 Volume 1073 Page(s) 28

Section 06, Township 47 N, Range 09 W Town of: HUGHES Subdivision: 43.85 Acres: 21.05

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No

Distance Structure is from Shoreline: _____ feet

Distance Structure is from 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>247,000</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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Coleman</u> <input type="checkbox"/> Privy (Pit) or 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: 60 Width: 54 Height: 18'

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>50</u> X <u>30</u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u>36</u> X <u>24</u>)	<u>1500</u> <u>880</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	(<u> </u> X <u> </u>) (<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date)	(<u> </u> X <u> </u>) (<u> </u> X <u> </u>)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Accessory Building (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Special Use: (explain) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Other: (explain) _____	(<u> </u> X <u> </u>)	

Rec'd for Issuance
 SEP 10 2013

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): Lisa Zunker Date: 8-14-13
 (If there are multiple Owners, list each on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Justin Wiser Date: 08/12/13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 14067 Toura Rd, Brule, WI 54820 Attach Copy of Tax Statement

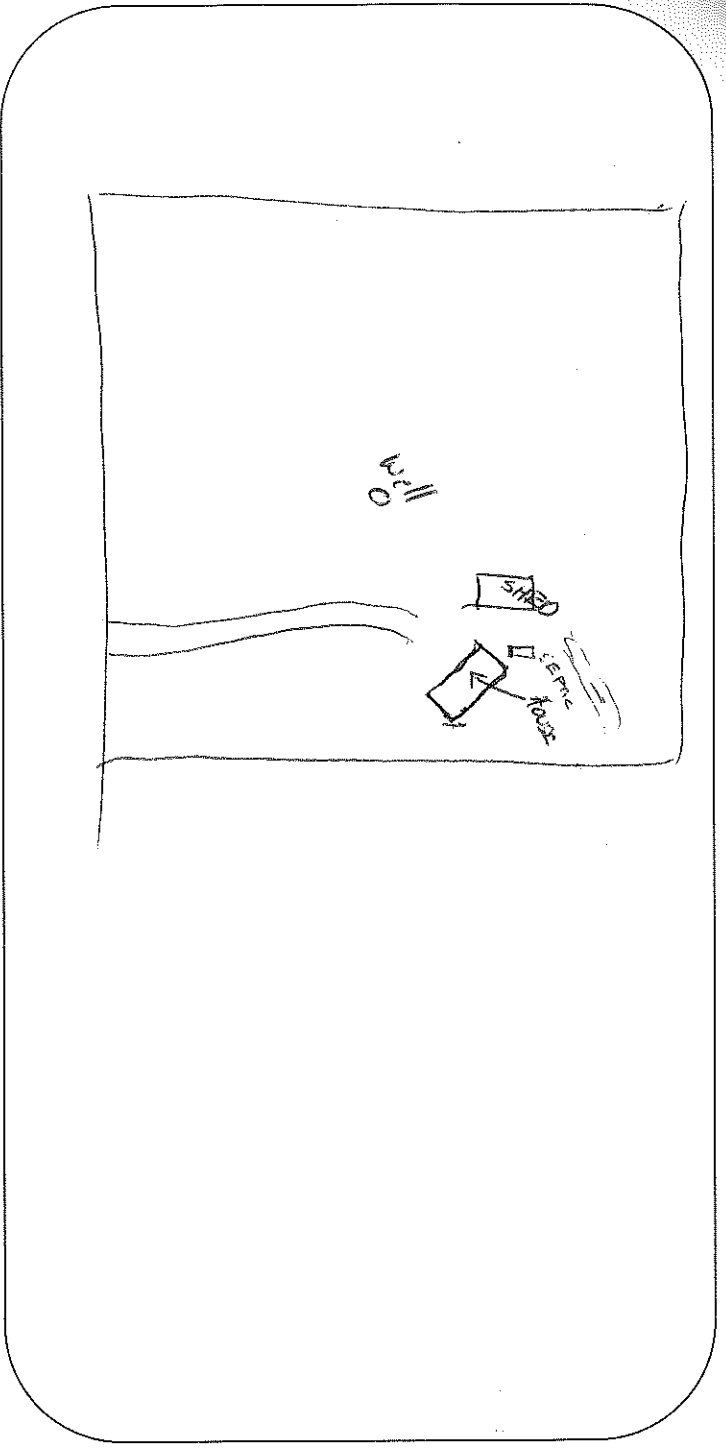
SEE LETTER FROM JUSTIN WISER (AGENT) ATTACHED.

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 (*): (*) 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%



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	550 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	550+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	525 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	825 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	1100+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	450+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	100+ Feet
Setback to Drain Field	35 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: 13-925	# of bedrooms: _____	Sanitary Date: 8-28-13
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 9-10-13		
Permit #: 13-0295	Is Parcel a Sub-Standard Lot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel in Common Ownership: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Structure Non-Conforming: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____ Was Parcel Legally Created: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Well Staked. Meetback Staked.		Previously Granted by Variance (B.O.A.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____	Zoning District: (4-1) Lakes Classification: (NA)	Date of Re-Inspection: _____
Date of Inspection: 8-14-13		Inspected by: M. Fuchs	A uniform dwelling code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction.	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Approval: 8-28-13		
Signature of Inspector: Michael Fuchs	Hold For Sanitary: <input checked="" type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____