

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
 MAY 01 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0113
 Date: 5-9-12
 Amount Paid: \$172.00
 Refund: 5/2/12

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: John + Debra Galigan Mailing Address: 25285 St Hwy 18 Ashland WI 54806 Telephone: 715-246-2319

Address of Property: 25285 St Hwy 18 City/State/Zip: Ashland WI 54806 Cell Phone: _____

Contractor: Larson Construction Contractor Phone: 715-292-2155 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 Gov't Lot: _____ Lot(s): _____ GSM: 94 Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume 618 Page(s) 381

Section Ab, Township 46 N, Range 5 W Town of: Kelly Lot Size _____ Acreage 60.542

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 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 |
|---|---|---|---|--|---|---|
| \$69,000 | <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 type="checkbox"/> 1-Story <input checked="" 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 type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T.</u> <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Dole Golding Length: 120' Width: 60' Height: 16'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-------------------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | () X () | () |
| <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) with Loft | () X () | () |
| <input type="checkbox"/> | with a Porch | () X () | () |
| <input type="checkbox"/> | with (2 nd) Deck | () X () | () |
| <input checked="" type="checkbox"/> | with Attached Garage | () X () | () |
| <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | () X () | () |
| <input type="checkbox"/> | Mobile Home (manufactured date) | () X () | () |
| <input type="checkbox"/> | Addition/Alteration (specify) | () X () | () |
| <input checked="" type="checkbox"/> | Accessory Building (specify) <u>Dole Golding</u> | () X () | () |
| <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) | () X () | () |
| <input type="checkbox"/> | Special Use: (explain) | () X () | () |
| <input type="checkbox"/> | Conditional Use: (explain) | () X () | () |
| <input type="checkbox"/> | Other: (explain) | () X () | () |

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

Authorized Agent: Debra Galigan Date 4-30-12
 Rec'd for Issuance on signing on behalf of the owner(s) a letter of authorization must accompany this application

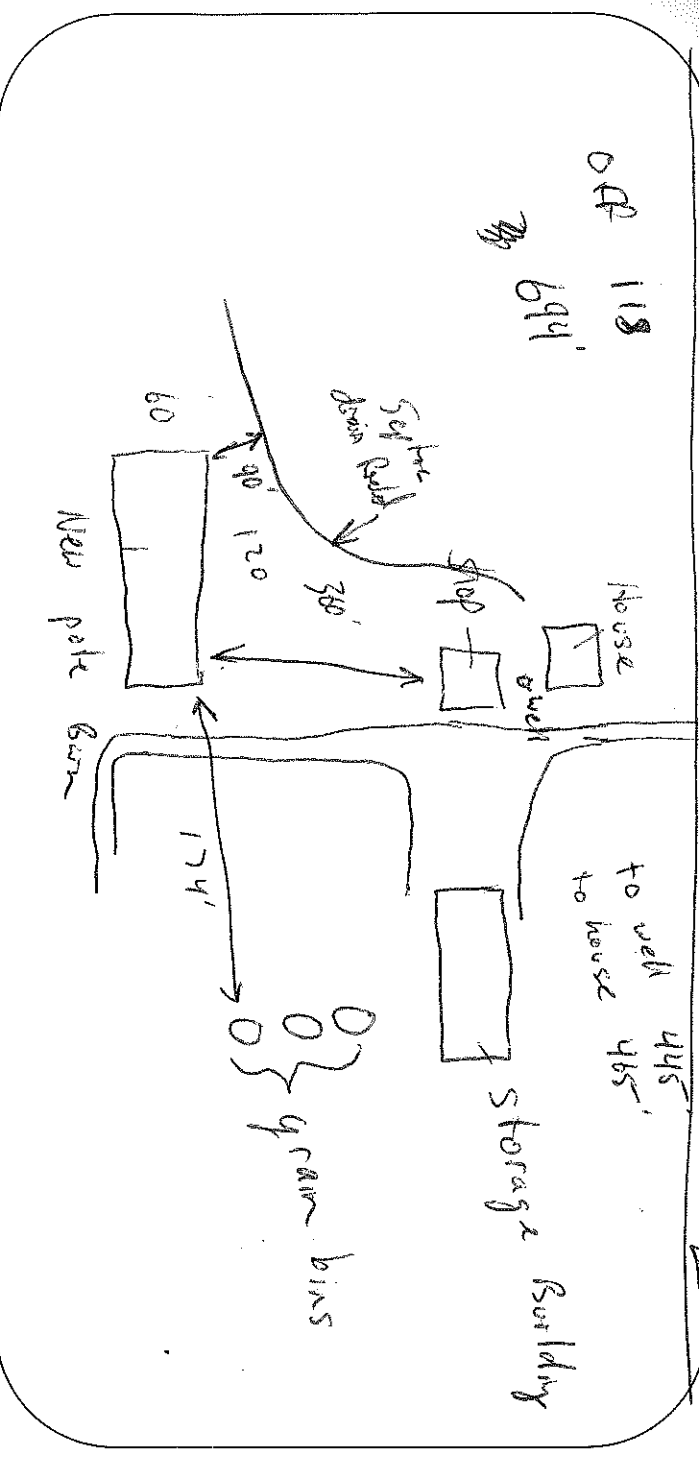
Attach _____
 Copy of Tax Statement

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)

Lot Size 1320 w/e
X . . .
1954 N/S

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (1) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*1) Well (W); (*2) Septic Tank (ST); (*3) Drain Field (DF); (*4) Holding Tank (HT) and/or (*5) Privy (P)
- (6) Show any (*): (*1) Lake; (*2) River; (*3) Stream/Creek; or (*4) Pond
- (7) Show any (*): (*1) Wetlands; or (*2) 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 | 694 Feet | Setback from the Lake (ordinary high-water mark) | N/A Feet |
| Setback from the Established Right-of-Way | 694 Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | 694 Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 1196 Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 350 Feet | Setback from 20% Slope Area | N/A Feet |
| Setback from the East Lot Line | 420 Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 90 Feet | Setback to Well | 495 Feet |
| Setback to Drain Field | 90 Feet | | |
| Setback to Privy (Portable, Composting) | 90 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 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 #: **12-0113** Permit Date: **5-9-12**

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) 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 #: _____

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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record:
 Well Staked! Make all setbacks!
 May not be used for human habitation. No water under pressure in structure.

Date of Inspection: **5-3-12** Inspected by: **MM Furbach** Zoning District: **(#-1)**
 Lakes Classification: **(N/A)**

Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 Signature of Inspector: **Michael Tuttle** Date of Approval: **5-4-12**

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