

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 Date Rec'd (Received)  
 AUG 02 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-0336
Date:	9-16-12
Amount Paid:	\$505.00
Refund:	8/31/12

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: Ryan Larson Mailing Address: 2555 St. Hwy 18 Ashland WI 54806 Telephone: 715 246 2796

Address of Property: Applied for City/State/Zip: Ashland WI 54806 Call Phone: 715 292 2155

Contractor: Larson Construction Contractor Phone: 715 292 2155 Plumber: Brown Plumbing Plumber Phone: 715 882 0444

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) 42000 PIN: (23 digits) 04-026-2-46-05-05-1-09-000- Recorded Document: (i.e. Property Ownership) 1087 Volume 1087 Page(s) 842

Section S, Township 46 N, Range S W Town of: Kelly Lot Size \_\_\_\_\_ Acreage 5.5 acres

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (find Interim Permit) Creek or Landward side of Floodplain?  If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage  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
\$ <u>110,000</u>	<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 checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>bid by tank</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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

Proposed Construction: Length: 36 Width: 24 Height: 8'

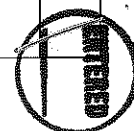
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( <u>24</u> X <u>36</u> )	<u>864</u>
	Residence (i.e. cabin, hunting shack, etc.)	( _____ X _____ )	
	with Loft	( _____ X _____ )	
	with a Porch	( _____ X _____ )	
	with (2 <sup>nd</sup> ) Porch	( _____ X _____ )	
	with a Deck	( <u>6</u> X <u>10</u> )	<u>60</u>
	with (2 <sup>nd</sup> ) Deck	( <u>8</u> X <u>20</u> )	<u>160</u>
<input type="checkbox"/> Commercial Use	with Attached Garage	( _____ X _____ )	
	Bunkhouse 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 _____ )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( _____ X _____ )	
	Accessory Building (specify) _____	( _____ X _____ )	
	Accessory Building Addition/Alteration (specify) _____	( _____ X _____ )	
	Special Use: (explain) _____	( _____ X _____ )	
	Conditional Use: (explain) _____	( _____ X _____ )	
	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 7/31/12  
 (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 \_\_\_\_\_  
 Rec'd for Issuance \_\_\_\_\_ Attach \_\_\_\_\_  
 Add \$30 sending permit \_\_\_\_\_ Copy of Tax Statement \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed \_\_\_\_\_

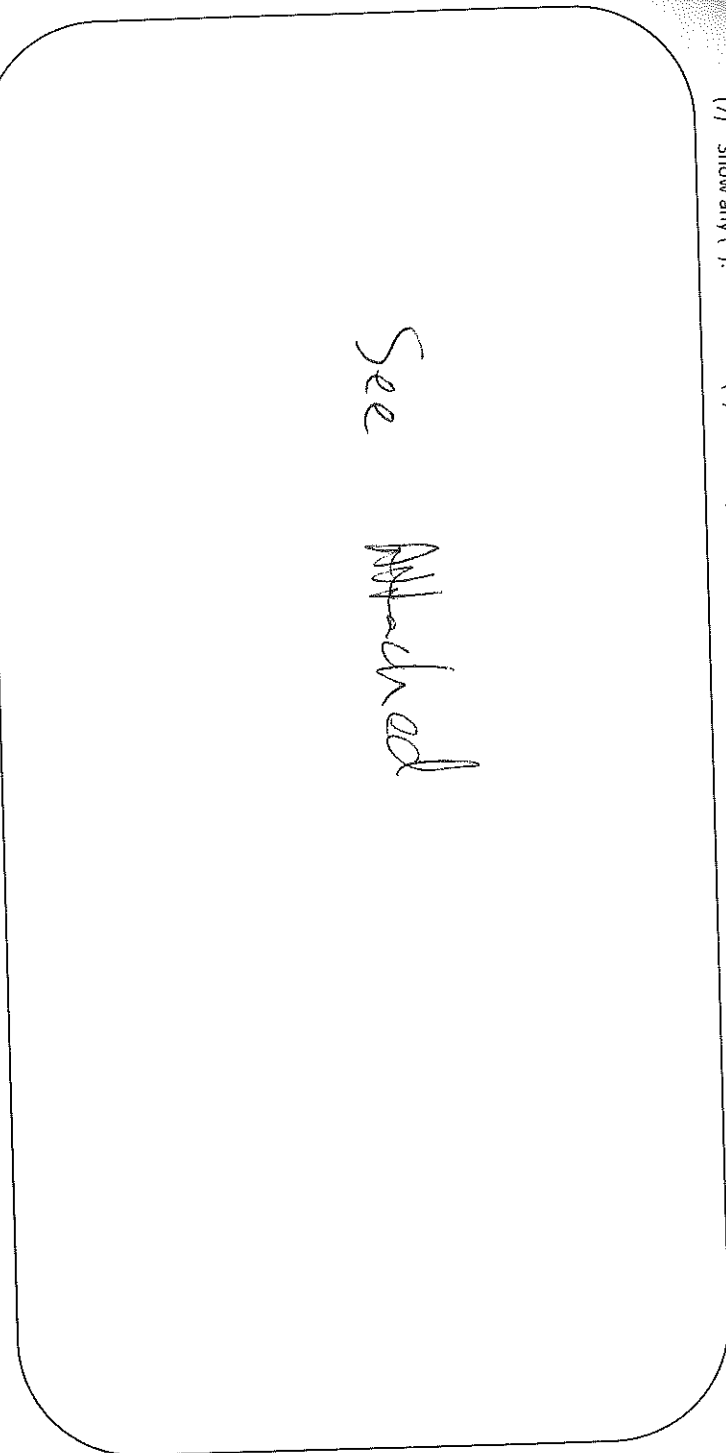
Secretary Staff  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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

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

See Attached



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	147 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	130+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	289 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	335 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	174 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	Town Road	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	43 Feet	Setback to Well	28 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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: 12-1045 # of Bedrooms: 3 Sanitary Date: 9-6-12

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 12-0336 Permit Date: 9-6-12

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.)  Yes  No

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delimited  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Affidavit Required  Yes  No

Affidavit Attached  Yes  No

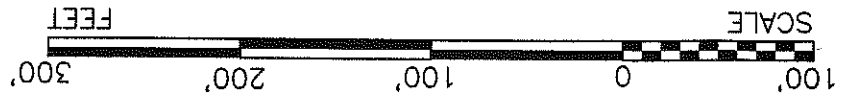
Inspection Record: Well Staked. Meets all setbacks.

Date of Inspection: 8-7-12 Inspected by: M. Fuchs

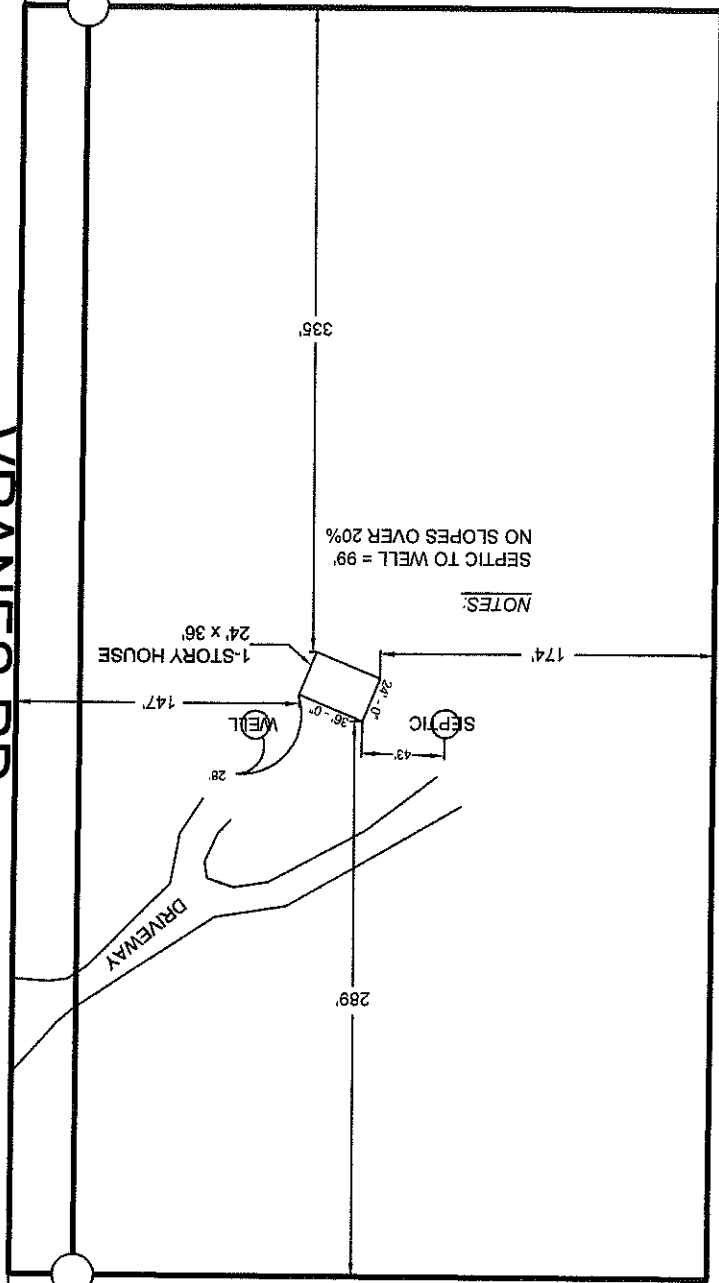
Conditions: Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)

Signature of Inspector: Michael Tucker Date of Report: 8-8-12

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



VRANES RD.



NOTES:  
SEPTIC TO WELL = 99'  
NO SLOPES OVER 20%

