

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 Rec'd (Received)
 MAY 13 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0095	ENTERED
Date:	5-22-13	
Amount Paid:	\$775	
Refund:	5-13-13	

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: Jacqueline Boguski (Hagstrom) Mailing Address: 63705 Vianes Rd City/State/Zip: Ashland, WI 54806 Telephone: 715-746-2852

Address of Property: 63705 Vianes Rd City/State/Zip: Ashland, WI 54806 Contractor Phone: 715-746-2806 Cell Phone: 715-746-2806

Contractor: _____ 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: Reverse 1/4, NE 1/4 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 5, Township H6 N, Range 5 W Town of: Kelly Lot Size _____ Acreage 30

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

Distance Structure is from Shoreline: _____ feet 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
\$ 14,800 ⁰⁰	<input checked="" type="checkbox"/> New Construction	<input 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	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Manure Separator</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
			<input checked="" type="checkbox"/> Pole Bldg		<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: 32' Width: 38' Height: 20' to Peak

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	<input type="checkbox"/> with Loft	() X ()	
	<input type="checkbox"/> with a Porch	() X ()	
	<input type="checkbox"/> with (2 nd) Porch	() X ()	
	<input type="checkbox"/> with a Deck	() X ()	
	<input type="checkbox"/> with (2 nd) Deck	() X ()	
<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)	() X ()	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	
	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Pole Building</u>	(<u>38</u> X <u>32</u>)	<u>1216</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	() X ()	
	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	
MAY 22 2013	<input type="checkbox"/> Other: (explain) _____	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Secretarial Staff: _____

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): Jacqueline M Boguski (Hagstrom) Date 05-10-13

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

Authorized Agent: _____ Date _____

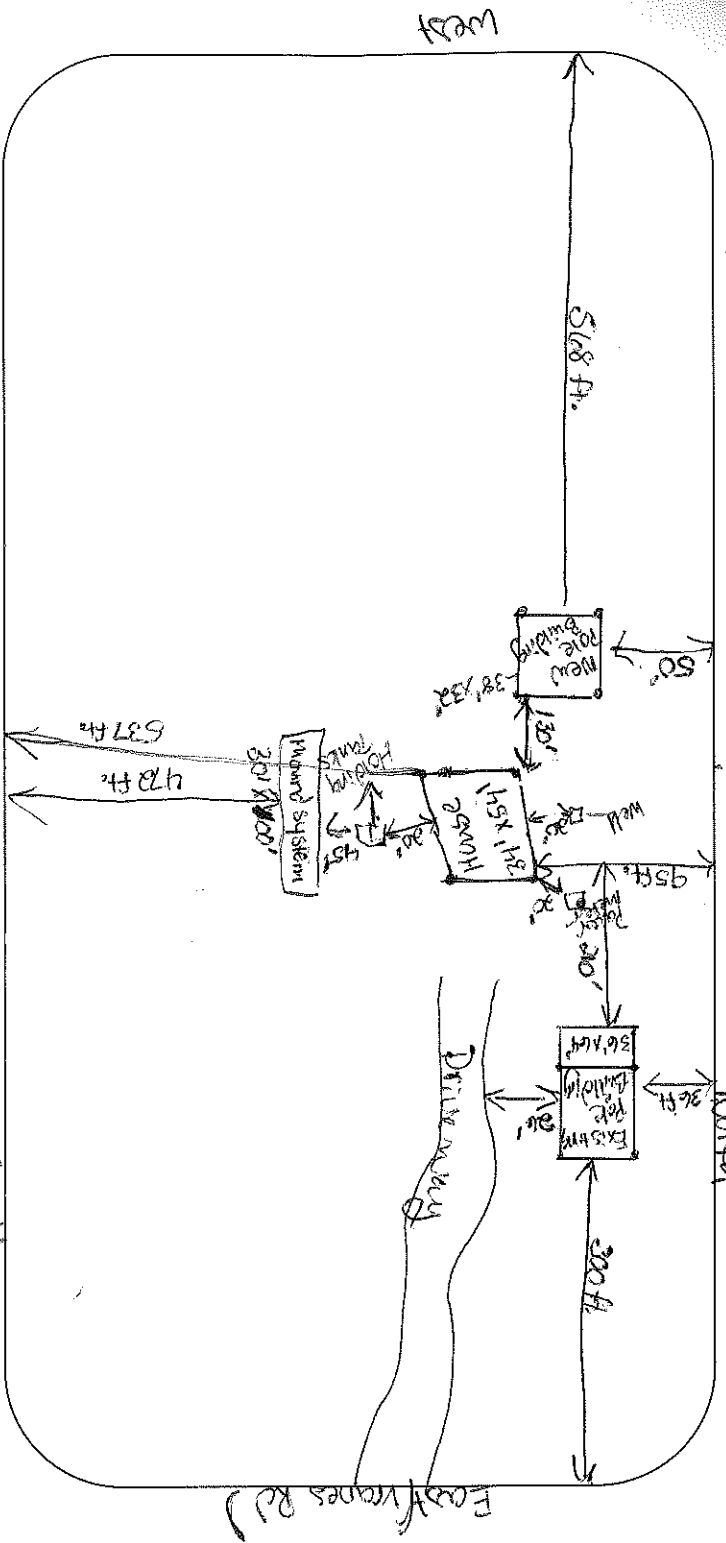
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 63705 Vianes Rd Ashland WI 54806

(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	773 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	733 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	568 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	581 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	758 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	160 Feet	Setback to Well	157 Feet
Setback to Drain Field	150 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: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: **13-0095** Permit Date: **5-22-13**

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes (Deed of Record) No
 Is Structure Non-Conforming Yes (Fused/contiguous lots) No

Granted by Variance (B.O.A.) Case #: **N/A** Previously Granted by Variance (B.O.A.) Case #: **N/A**

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No **SEE PHOTO**

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: **Site is not staked. Property lines as represented by owner appear to identify a Code Compliant location. OK to issue LUP permit.**

Date of Inspection: **5/21/2013** Inspected by: **Robert Schierman**

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

Signature of Inspector: **Not for Howard Habilitation**
[Signature]

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

Date of Approval: **5/21/2013**