

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
 JUN 05 2013

Permit #: 13-0173
 Date: 7-9-13
 Amount Paid: \$18566-13
 Refund:

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.
 Bayfield Co. Homeing Dept. 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: (A+S Realty)
 John A Altman
 Address of Property: 60615 Roy Anderson Rd
 Contractor: Mason, WI 54856
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) John A Altman - SEE ATTACHED
 Agent Phone: same
 Agent Mailing Address (include City/State/Zip): same
 Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, NE 1/4
 Legal Description: (Use Tax Statement) Gov't Lot, Lot(s), CSM, Vol & Page, Lot(s) No., Block(s) No., Subdivision:
 Section 21, Township 46 N, Range 05 W, Town of: Kelly
 Lot Size: _____ Acreage: 40
 Recorded Document: (i.e. Property Ownership) Volume 1000 Page(s) 839

Shoreland Non-Shoreland

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
\$40,000	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT <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: 42' Width: 36' Height: 13'
 Proposed Construction: _____

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.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage	() () () () () () () () ()	1160
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() () () () () () () ()	340
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	() () ()	

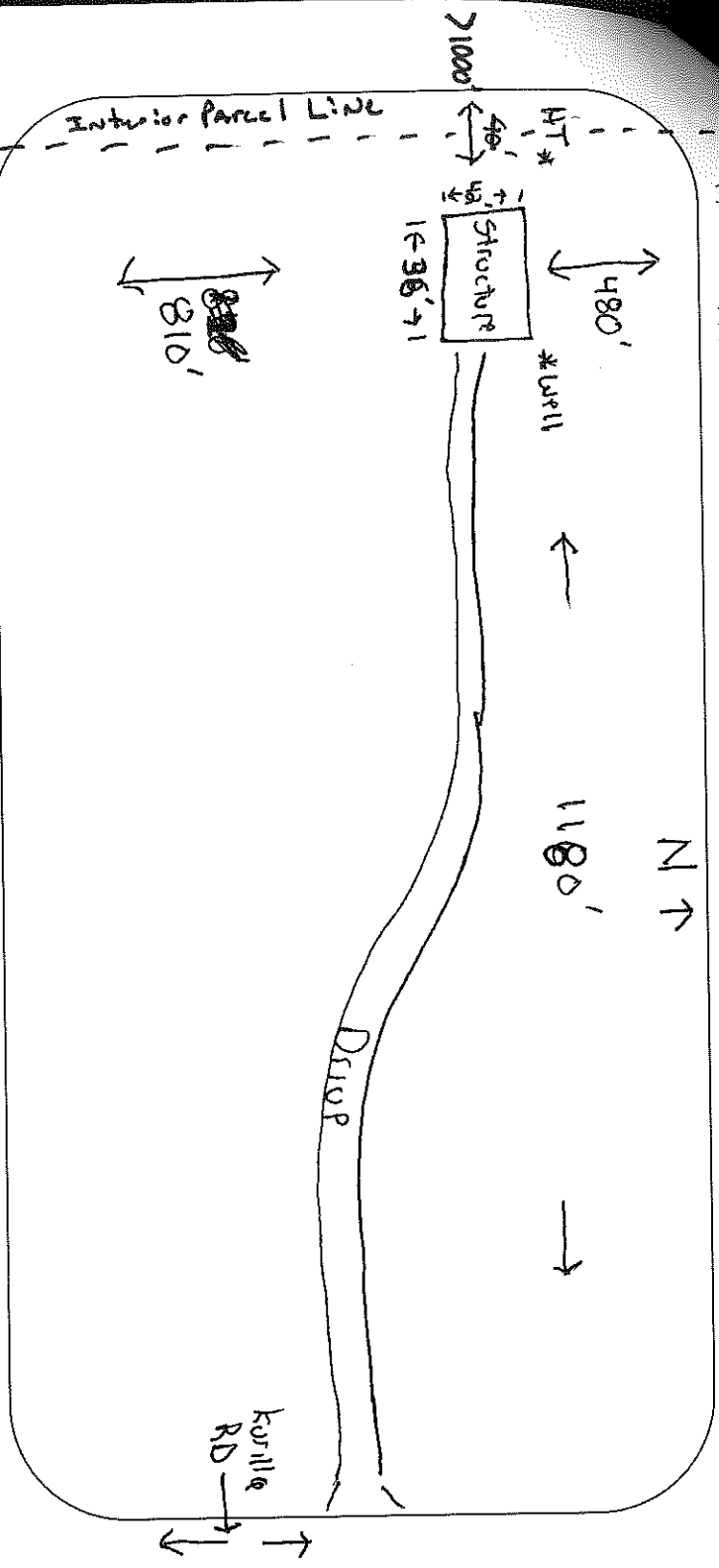
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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): John A Altman
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: John A Altman
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 7951 City Hwy & Chippewa Falls WI 54729
 Date: 6-1-13

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 (*): 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%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1200' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	1260' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	480' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	890' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	2100' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	1180' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30' Feet	Setback to Well	15' 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: 404136 # of bedrooms: 2 Sanitary Date: 8/23/2002

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: B-0173 Permit Date: 7-9-18

Is Parcel a Sub-Standard Lot Yes No Deed of Record Yes No Mitigation Required Yes No Affidavit Required Yes No

Is Parcel In Common Ownership Yes No Is Used/Contiguous Lot(s) Yes No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No Previously Granted by Variance (B.O.A.) Yes No

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

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: Proposed building site approx 10-20 feet from interior parcel line. Owner was advised this will affect how property can be split in future as to respect setbacks. OK to issue LUP permit. Robyn Schirmer

Date of Inspection: 5/22/13 Inspected by: Robyn Schirmer Date of Re-Inspection: _____

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

A Uniform Dwelling Code (UDC) permit must be obtained from the locally contracted UDC inspector prior to starting construction.

Signature of Inspector: [Signature] Date of Approval: 7/9/2013

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

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION (Please Print All Information) Soil Test No: 218-02 County Permit No: 546 774613 13-0173

Property Owner's Name: John Altmann Bayfield

Address of Property: 60615 Roy Anderson Rd. Property Location: SE 1/4 NE 1/4 S 21 T 46 N R 5

Property Owner's Mailing Address: 7951 County Hwy G Bayfield Co. Zoning: Residential

City, State: Chippewa Falls, WI Zip Code: 54729 Phone Number: 715-723-5486

II. TYPE OF BUILDING: (Check One) Lot #: 22114 Block #: Subdivision Name or CSM #:

State Owned Parcel ID: OLD # 026-1042-08

Public (Explain the use/purpose:) Tax Number(s): NEW # 04-026-246-05-21-1 04-000-10000

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) New Replacement County Private Interceptor

1. Reconnection 2. Repair 3. Revision ** Transfer of Owner (List Previous Owner below)

B) A Sanitary Permit was previously issued. Previous Permit Number: 774613 Date Issued: 8/23/02 (BACK)

C) Pit Privy Vault Privy (Vault size: gallons or cubic yards)

Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day: 300 2. Absorp. Area Required (Sq.Ft.): 3. Absorp. Area Proposed (Sq. Ft.): 4. Loading Rate (Gals. / Day / Sq.Ft.): 5. Perc. Rate (Min. Inch): 6. System Elev. (Feet): 7. Final Grade Elev. (Feet):

VI. TANK INFORMATION:

Type of Tank	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Expert App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank		3000	3000	1	Huffcuff	X					
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's / Owner's Name: (Print) A. Rasmussen + SMS Plumber's / Owner's Signature: (No Stamps) Dena Kerner MP/MRRSW/ No: 221576

Plumber's Address: (Street, City State, Zip Code) P O Box 66 Cable, WI 54821 Home Phone: Business Phone: 715 798-3355

VIII. COUNTY / DEPARTMENT USE ONLY

Approved Disapproved Owner Given Initial Adverse Determination Sanitary Permit/Transfer Fee: \$50 Date Issued: 7-9-13 Issuing Agent's Signature / Date: [Signature] 7/3/2013

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Special Use: (explain)	Conditional Use: (explain)	Other: (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Secretarial Staff

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Owners: John A Altmann Date: 6-1-13

Authorized Agent: John A Altmann Date: 6-1-13

Address to send permit: 7951 City Hwy @ Chippewa Falls WI 54729 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed