

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  
 JUL 12 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-03978 **APPROVED**  
 Date: 7-12-13  
 Amount Paid: 185.00  
 Refund: 175.00  
 7/12/13

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Shawn Lee Mailing Address: 1015 Ramona Terrace, Machesney Pk. IL. City/State/Zip: 60115 Telephone: 815-636-1244

Address of Property: 30465 Robin Rd. City/State/Zip: Town of Mason, Wis. 54854 Contractor Phone: Plumber: Plumber Phone: Plumber: Cell Phone: Plumber:

Contractor: Plumber: Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: NEW LESS E 1/2 E 1/2 + E 1/4 Gov't Lot: 1/4 Lot(s): 1/4 CSM: 14 Vol & Page: 14 Lot(s) No.: 1024 Block(s) No.: 1024 Subdivision: 1024 Recorded Document: (i.e. Property Ownership) 91000 Volume 1024 Page(s) 241

Section: P2 31 Township: Kelly N. Range W W Town of: Kelly Township / Mason Lot Size: Acres 1/8

Non-Shoreland

Shoreland →  Is Property/Land within 300 feet of River, Stream (find intermittent) → Distance Structure: Is from Shoreline: feet  Property in Floodplain Zone?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage → Distance Structure: Is from Shoreline: feet  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
\$2,000.00	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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 type="checkbox"/> Well <input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 14 Width: 6.6 Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2nd) Deck	( X )	
	with (2nd) Deck with Attached Garage	( X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( 14 X 60 )	240
	Mobile Home (manufactured date) <u>1979</u>	( X )	
	Addition/Alteration (specify) _____	( X )	
	Accessory Building (specify) _____	( X )	
	Accessory Building Addition/Alteration (specify) _____	( X )	
<input type="checkbox"/> Municipal Use	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): [Signature] Date 7/12/13

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

Authorized Agent: [Signature] Date \_\_\_\_\_

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

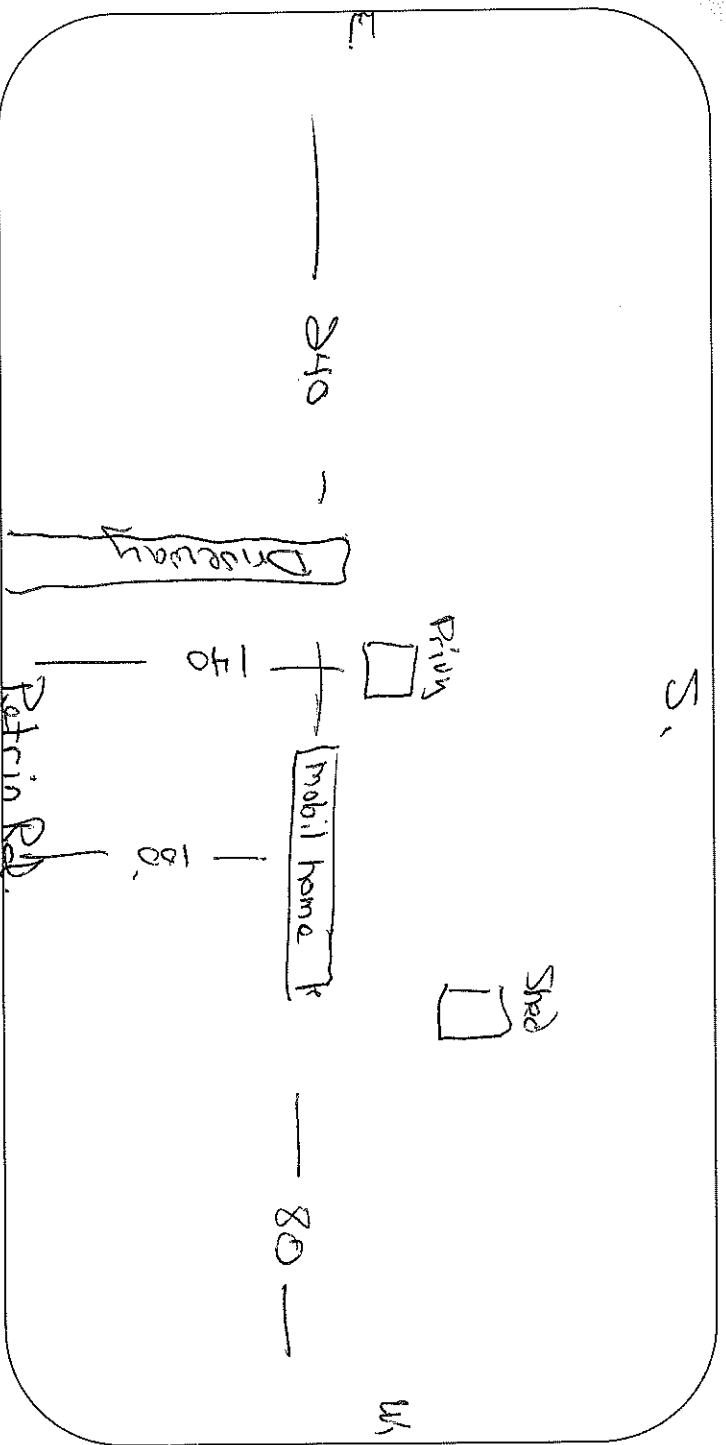
Address to send permit 1015 Ramona Terrace, Machesney Pk. IL, 60115 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

TITLE?

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	Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	160 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	240 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	140 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>28-0495</u>	# of bedrooms: <u>n/a</u>	Sanitary Date: <u>9/11/2008</u>
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>13-0398</u>	Permit Date: <u>1-5-13</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming <input checked="" type="checkbox"/> Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District <input checked="" type="checkbox"/> Lakes Classification (N/A)
Date of Inspection: <u>7-18-13</u>	Inspected by: <u>Jan Cronley</u>	Date of Re-Inspection: <u>N/A</u>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <u>MOBILE HOME MAY NOT BE ATTACHED TO PRESSURIZED WATER UNLESS</u> <u>BEFORE WATE PANTS/STRUCTURES SYSTEM INSTALLED + CONNECTED.</u> <u>TRAVEL TRAILER DOES NOT HAVE TO BE REMOVED BUT STAKE BE</u> <u>TRAVEL TRAILER STAKE WITHIN SETBACKS ARE NOT.</u>				
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>11-1-13</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For Title: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>