

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
 DECEMBER
 JUN 04 2012

Bayfield Co. Zoning Dept

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)

Permit #: 12-0284
 Date: 7-6-12
 Amount Paid: \$300.00
 Return: \$127.64/12

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Nicholas & Brilla Mailing Address: 1502 6th St E City/State/Zip: Ashland WI 54806 Telephone: 715-209-0793
 Address of Property: Angelique W Brilla City/State/Zip: _____ Cell Phone: 715-413-0216

Contractor: _____ Contractor Phone: _____ Plumber: Dan's Rossmussen Plumber Phone: 715-798-3355
 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: SU 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM 1046, 778 Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document (i.e. Property Ownership) Volume 1046 Page(s) 778

Section 31, Township 47 N, Range 6 W Town of: Keystone Lot Size _____ Acreage 1.2

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue \rightarrow
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue \rightarrow

Distance Structure is from Shoreline: _____ feet
 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
\$10,000	<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 type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Mobile Home Length: 80 Width: 16 Height: 14

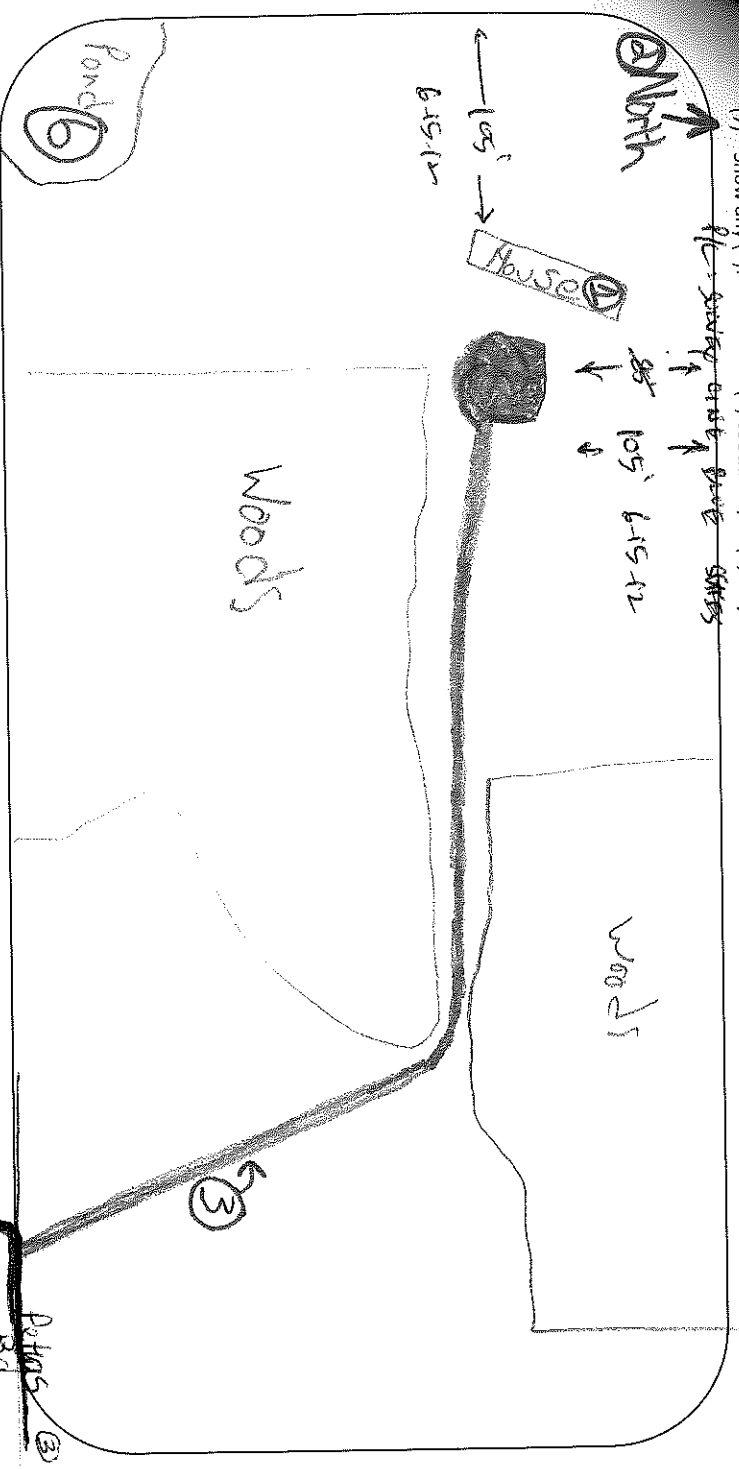
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	(_____) (_____) (_____) (_____) (_____) (_____)	(_____) (_____) (_____) (_____) (_____) (_____)
<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	(_____) (_____)	(_____) (_____)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <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) Angelique Brilla
 (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 6-7-12
 Attached

Address to send permit 3012
 Sec'terial Staff TIME IS NOT SAVED DO THEY OWN IT? - YES
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed
 Copy of Tax Statement

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

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (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%
 - (7) Show any (*):



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	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	85 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	495 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	Setback from 20% Slope Area	NA
Setback from the East Lot Line	700 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	No Well
Setback to Drain Field	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)

Permit Denied (Date): _____ Sanitary Number: 12-545 # of bed/rooms: _____ Sanitary Date: 6-12

Permit #: 12-00834 Permit Date: 7-6-12

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

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

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

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

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: *Structure location & its represented by the owner the property is not available*

Date of Inspection: 6-12-12 Inspected by: *DOE* Zoning District: () Lakes Classification: ()

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

Signature of Inspector: *[Signature]* Date of Approval: 6-15-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: *AKH*

6-15-12 owner requested the structure to 105 feet from pond & woods