

SUBMIT: COMPLETED APPLICATION, TAX ATTENTION 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 Stamp (Received)
 JUL 02 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0188
Date:	7-16-13
Amount Paid:	\$680 RES \$175 TRBA
Refund:	

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

Owner's Name: Lisa Bobbermeier
 Address of Property: 64255 Pallas Rd.
 City/State/Zip: Ashland WI 54806
 Telephone: 715-682-4912
 Cell Phone:

Contractor: Larsen Construction
 Contractor Phone: 715-222-2150
 Plumber: POLKOWSKI
 Plumber Phone: 372-4156

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Lynn Larson
 Agent Phone: 292-2155
 Agent Mailing Address (Include City/State/Zip): 26775 St. Hwy 118
 Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4, SE 1/4
 Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-04-028-2-47-0632-404000
 Volume: 891
 Subdivision: 235

Section: 39, Township: 47 N, Range: 6 W
 Town of: Sheboygan

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue No

Distance Structure is from Shoreline: NA feet

Distance Structure is from Shoreline: NA 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
\$ 70,000	<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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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: - Width: - Height: -
 Proposed Construction: Length: 46 Width: 34 Height: 18'-20'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with (2 nd) Deck with Attached Garage	(39 x 46) (X X) (X X) (X X) (X X) (X X) (X X)	1564
<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	(X X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X X)	
	Addition/Alteration (specify)	(X X)	
	Accessory Building (specify)	(X X)	
	Accessory Building Addition/Alteration (specify)	(X X)	
	Special Use: (explain)	(X X)	
	Conditional Use: (explain)	(X X)	
	Other: (explain)	(X X)	

Rec'd for Issuance JUL 16 2013

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

I (we) the undersigned, 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): Lisa M. Bobbermeier
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

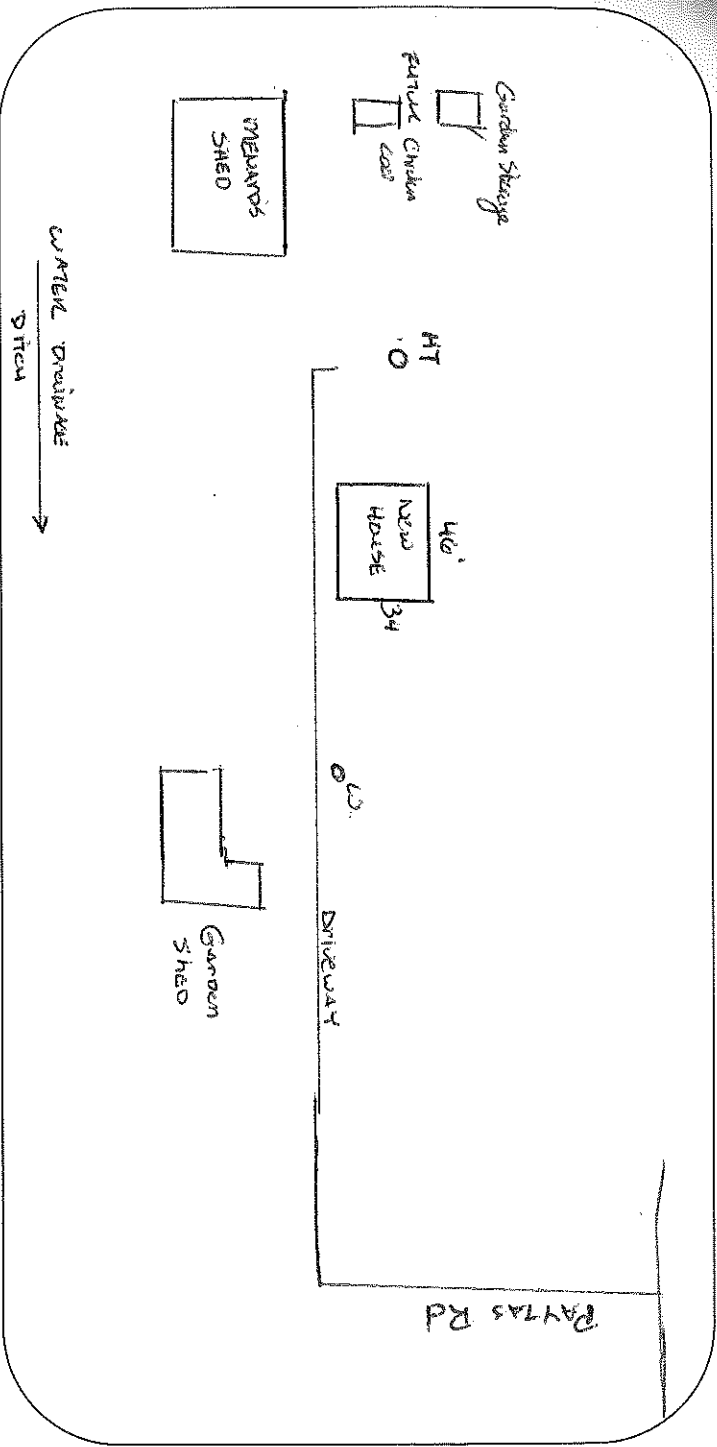
Authorized Agent: LA
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 7-2-13

Address to send permit: PO Box 381 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)

(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	30 270 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	340 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	650 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	600 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	270 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	75 Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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: 13-585	# of bedrooms: 3	Sanitary Date: 7/3/13		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-0188	Permit Date: 7-16-13					
<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 type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NA			
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes			
Inspection Record: PROPERTY OWNER PRESENT DURING INSPECTION.						
Date of Inspection: 7-11-13	Inspected by: [Signature]					
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) PROPERTY OWNER IS RESPONSIBLE FOR CONTACTING UDC. SUBJECT TO TOWN BOARD APPROVAL						
Signature of Inspector: [Signature]						Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For IBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			