

STATEMENT: 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 Stamp (Required)
RECEIVED
 MAY 31 2013

Permit #:	13-0123	ENTERED
Date:	6-7-13	
Amount Paid:	\$75 5-31-13	
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 BY BAYFIELD CO. ZONING DEPT.

Bayfield Co. Zoning Dept. www.bayfieldcounty.org/zoning.asp

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>David & Kathy Martin</u> Address of Property: <u>David & Rachel Martin</u> <u>27395 Mernage River Rd.</u>	Mailing Address: <u>8 Wild West Ct.</u> City/State/Zip: <u>LeClair, IA 52753</u>
Contractor: <u>Oneida General Contractors</u> Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>N/A</u>	Contractor Phone: <u>715-362-2875</u> Agent Phone: <u>N/A</u> Plumber: <u>N/A</u> Agent Mailing Address (include City/State/Zip): <u>N/A</u>
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04-030-2-45-05-28-1 02-000-21000</u>
Section <u>28</u> , Township <u>45</u> N, Range <u>5</u> W	Lot Size: <u>7,000</u> Acreage: <u>7,000</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: <u>103</u> feet Distance Structure is from Shoreline: <u> </u> feet
	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Recorded Document: (i.e. Property Ownership) Volume <u>1100</u> Page(s) <u>533</u>

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
\$ <u>11,000</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing site) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<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: <u> </u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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"/> hand driven

Existing Structure: (if permit being applied for is relevant to it) Length: 20 Width: 24 Height: 16
 Proposed Construction: Length: 20 Width: 24 Height: 19

Proposed Use	Proposed Structure	Dimensions	Square Footage
<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"/> 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 checked="" type="checkbox"/> Addition/Alteration (specify) <u>raise cabin 3 ft on piers</u>		(<u>20</u> X <u>24</u>)	<u>480</u>
<input type="checkbox"/> Accessory Building (specify) _____		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Special Use: (explain) _____		() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	
<input type="checkbox"/> Other: (explain) _____		() X ()	

REC'D FOR ISSUANCE JUN 07 2013

SECRETARIAL STAFF

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): David Martin Kathy Martin Rachel Martin
 (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: 5/27/2013

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

Address to send permit same as above Attach Copy of Tax Statement

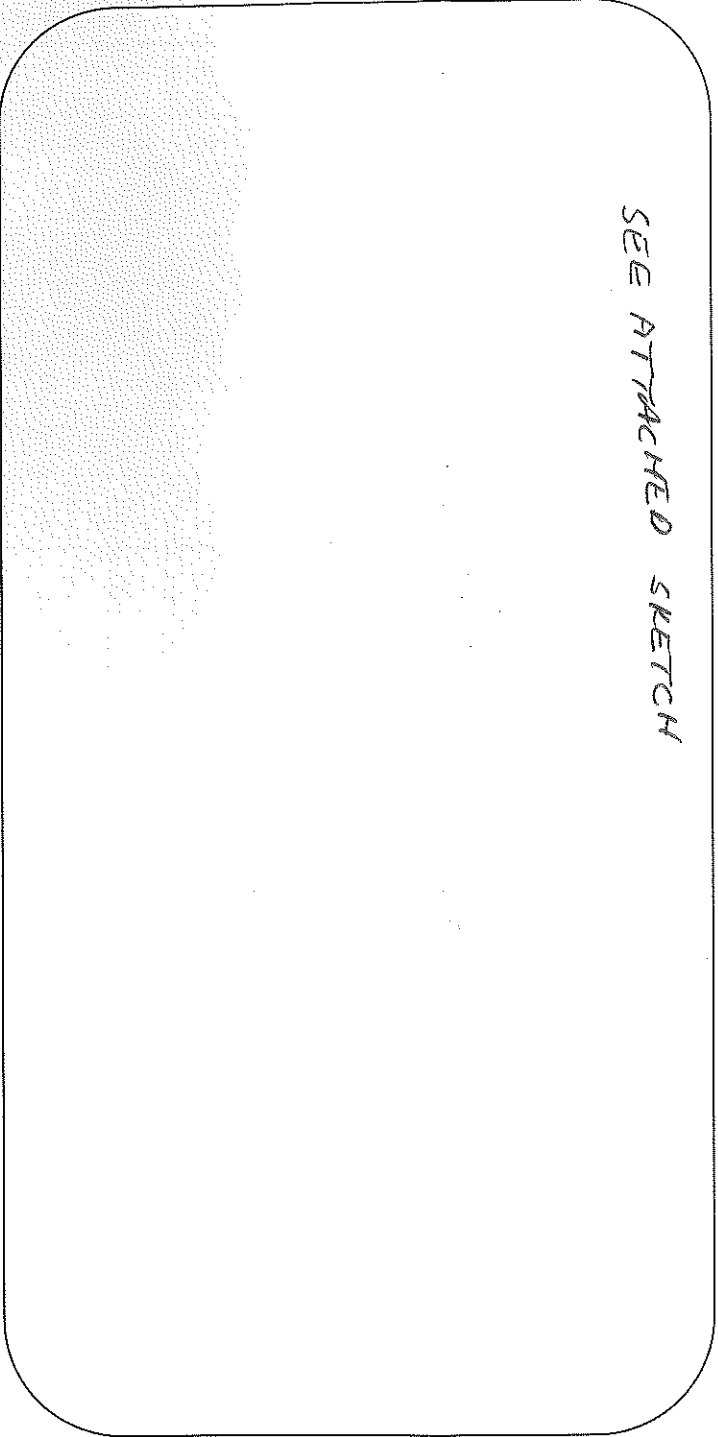
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Box Below: 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%

SEE ATTACHED SKETCH



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	110'	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	95'	Setback from the River, Stream, Creek	103'
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	N/A	Setback from Wetland	N/A
Setback from the West Lot Line	77'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	250'	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	15'
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	20'		

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.

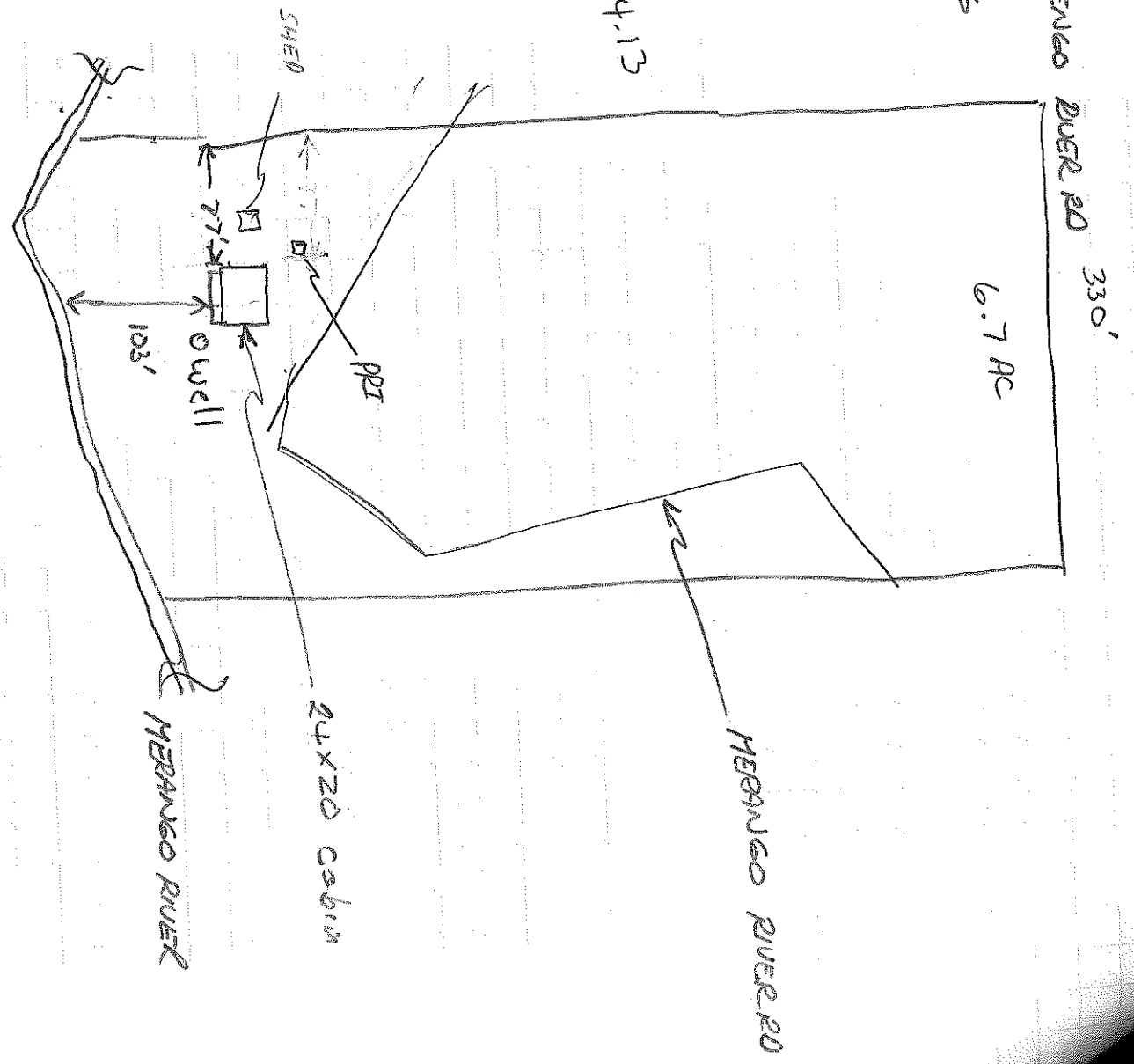
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

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 #: 13-0183		Permit Date: 6-7-13		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (F-1)		
Structure is existing, Metal septic tank.		Lakes Classification (3)		
Date of inspection: 6-6-13		Date of Re-Inspection:		
Inspected by: M. Fustals		Date of Approval: 6-7-13		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Signature of Inspector: Michael Stucke		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

27395 MARIANO RIVER RD
MASON, WI
54956

524.13



* RAISE EXISTING CABIN 2FT & INSTALL 6-18"Ø CONCRETE PIER