

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 (Received)
 Oct 07 2013

Bayfield Co. Zoning Dept.

Permit #	13-0417
Date:	11-05-13
Amount Paid:	\$75
Refund:	10-7-13

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

Owner's Name: Bruce T SIBBALD
 Address of Property: 54270 N. Altamont Rd
 Contractor: self
 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: W1/2 1/4, W1/2 1/4 SW
 Legal Description: (Use Tax Statement) 04-030245505 204 0300010000
 PIN: (23 digits)
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____
 Town of: LIVACON
 Section 20, Township 45 N, Range 5 W
 Lot Size 330 x 1320 Acreage 10
 Recorded Document: (i.e. Property Ownership) 762 Volume 147 Page(s)
 Subdivision: _____

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

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
\$ 2500.00	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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 <input checked="" 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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 18' Height: 8'1"
 Proposed Construction: Length: 14' Width: 12' Height: 8'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	()
<input type="checkbox"/> with Loft		()	()
<input type="checkbox"/> with a Porch		()	()
<input type="checkbox"/> with (2 nd) Porch		()	()
<input type="checkbox"/> with a Deck		()	()
<input type="checkbox"/> with (2 nd) Deck		()	()
<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"/> Mobile Home (manufactured date)	<u>Relocate & add</u>	()	()
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>SCREEN POOL</u>		(<u>12</u> x <u>14</u>)	<u>188</u>
<input type="checkbox"/> Accessory Building (specify) _____		()	()
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		()	()
<input type="checkbox"/> Special User: (explain) _____		()	()
<input type="checkbox"/> Conditional User: (explain) _____		()	()
<input type="checkbox"/> Other: (explain) _____		()	()

Rec'd for Issuance
 NOV 25 2013
 Secretarial Staff: _____

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 the 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.

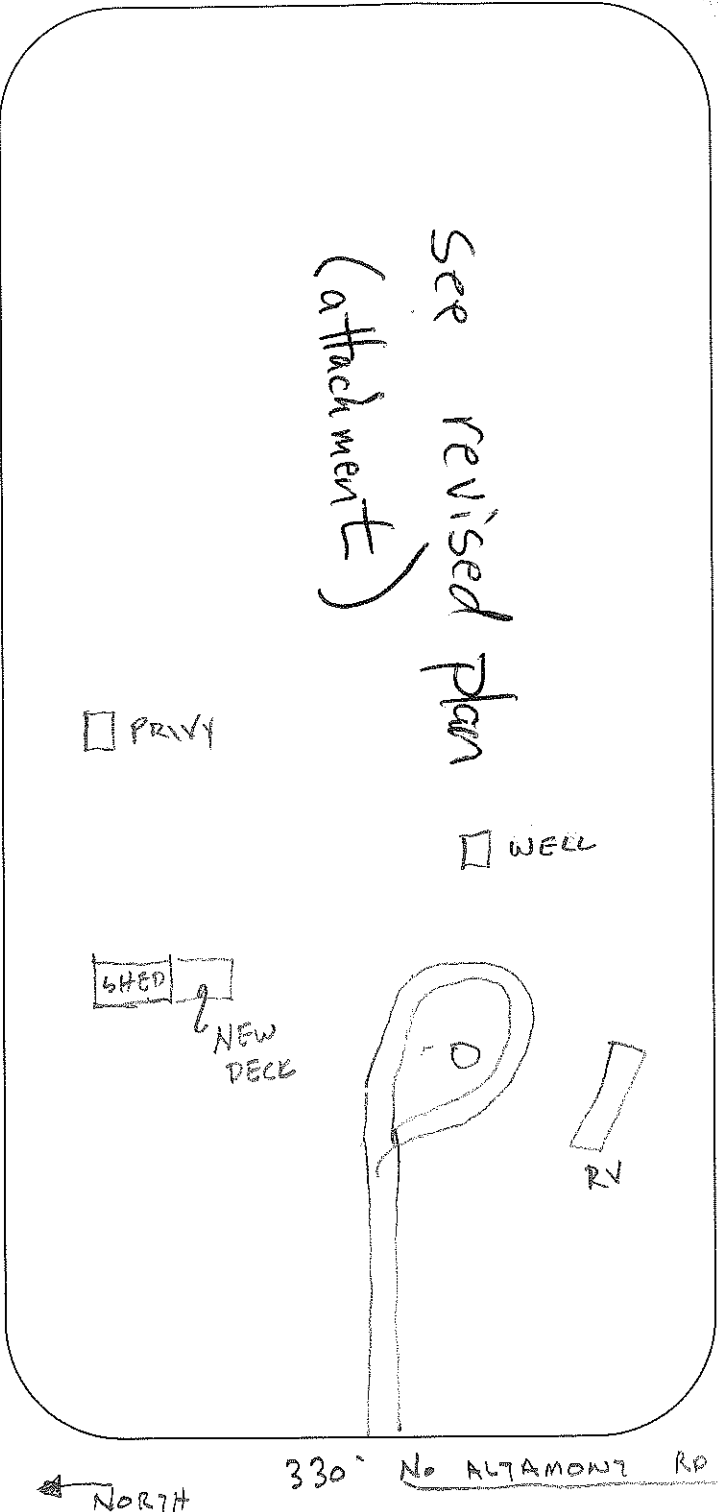
Owner(s): Bruce T Sibbald
 (If there are Multiple Owners listed on the Deed All Owner's must sign or letter(s) of authorization must accompany this application)
 Date 10-7-2013

Authorized Agent: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 54270 N. Altamont Rd, Mason, WI 54856
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



Please complete (1) - (7) above (prior to continuing) 10221

(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	300 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	270 Feet	Setback from the River, Stream, Creek	1000+ Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	224 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	300 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	1000 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	210 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	75 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 Dwelling: 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: Privy Sanitary Date: _____

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

Permit # 13-0417 Permit Date: 11-05-13

Is Parcel a Sub-Standard Lot Yes (Need of Record) No

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____ Previously Granted by Variance (B.O.A.) Yes No 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: Meeta all set Hards. Zoning District (A-1)

Date of Inspection: 11-21-13 Inspected by: M. Fuchs Lakes Classification (N/A)

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

Signature of Inspector: Michael Fuchs Date of Approval: 11-21-13

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

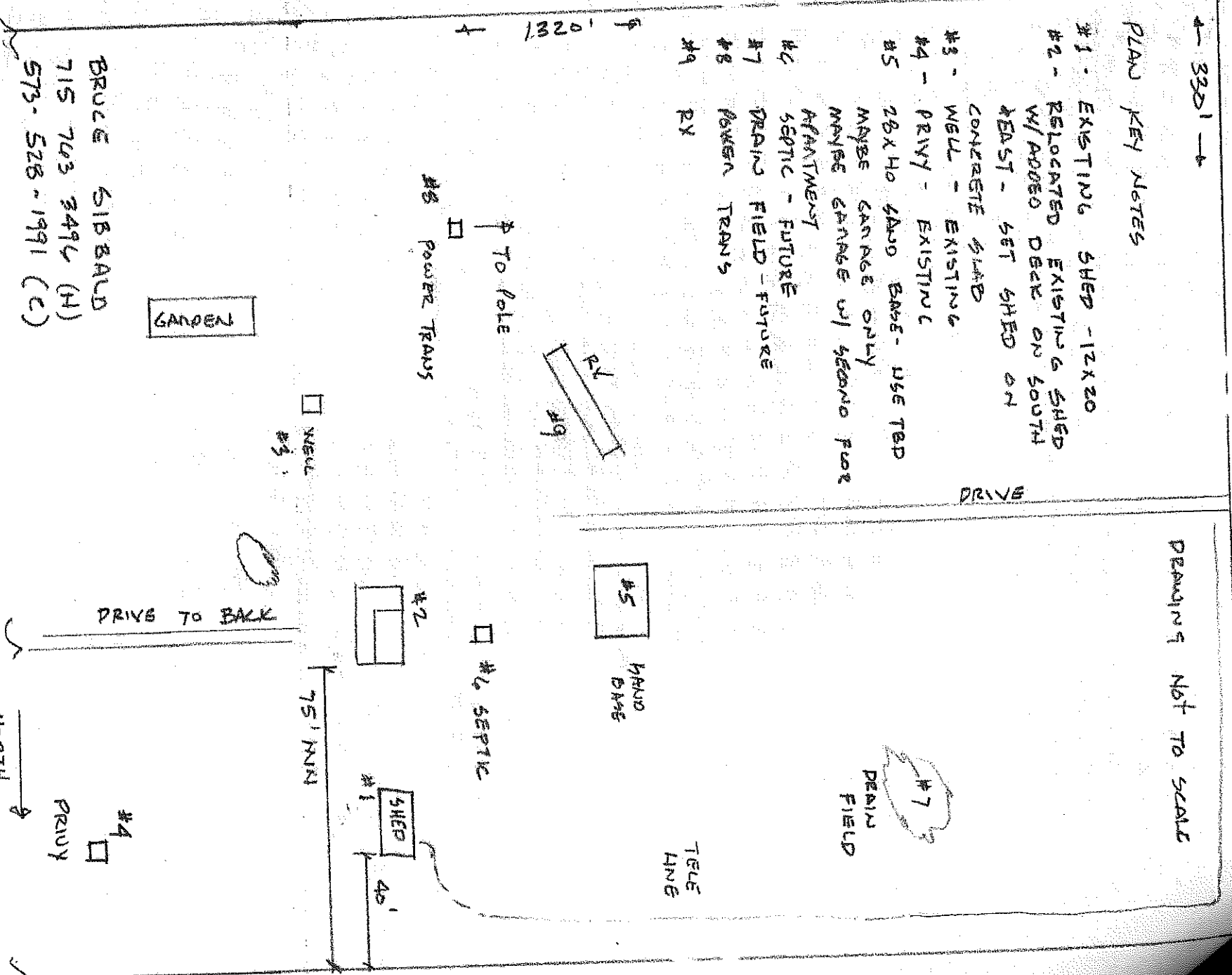
54276 N ALTAMONT RD TOWN OF LINCOLN MASON, VT

← 3301 →

PLAN KEY NOTES

- #1 - EXISTING SHED - 12X20
- #2 - RELOCATED EXISTING SHED W/ ADDED DECK ON SOUTH EAST - SET SHED ON CONCRETE SLAB
- #3 - WELL - EXISTING
- #4 - PRIVY - EXISTING
- #5 28X40 SAND BASE - USE T&D MAYBE GARAGE ONLY MAYBE GARAGE w/ SECOND FLOOR AFFAIRMENT
- #6 SEPTIC - FUTURE
- #7 DRAIN FIELD - FUTURE
- #8 POWER TRANS
- #9 RX

DRAWINGS NOT TO SCALE



BRUCE SIBBALD
715 703 3496 (H)
573-528-1991 (C)

GARDEN

DRIVE TO BACK

NORTH

75' MIN

1320

TO POLE

POWER TRANS

WELL #3

SEPTIC #6

SAND BASE #5

TELE LINE

DRAIN FIELD #7

PRIVY #4

SHED #2

SHED #1

RX #9

DRIVE