

**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  
 MAR 14 2012  
 Bayfield Co. Zoning Dept.  
 1000 1st St. Washburn, WI 54891

Permit #: 10-0124  
 Date: 5-16-10  
 Amount Paid:  
 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Check are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp)

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

Owner's Name: Nancy M Dymesich Mailing Address: SAME City/State/Zip: MASON, WI 54856 Telephone: 715 765-4481

Address of Property: 3530 Faith Church Rd City/State/Zip: MASON, WI 54856 Contractor Phone: Plumber: Plumber Phone: Plumber: Cell Phone: 715

Contractor: SELF Authorized Agent: (Person Signing Application on behalf of Owner(s)) Don Dymesich Agent Phone: SAME Agent Mailing Address (include City/State/Zip): SAME Written Authorization Attached  Yes  No

PROJECT LOCATION: SW 1/4, NE 1/4 Legal Description: (Use Tax Statement) SW 1/4, NE 1/4 Gov't Lot: Gov't Lot Lot(s): Lot(s) CSM: Vol & Page Lot(s) No.: Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 605 Page(s) 366-68

Section 23, Township 46 N, Range 12 W Town of Mason Lot Size: Lot Size Acreage: 30

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (find Intermittent) Creek or Landward side of Floodplain?  If yes---continue  Distance Structure Is from Shoreline: feet Is Property in Floodplain Zone?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If yes---continue  Distance Structure Is from Shoreline: feet 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
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

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

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

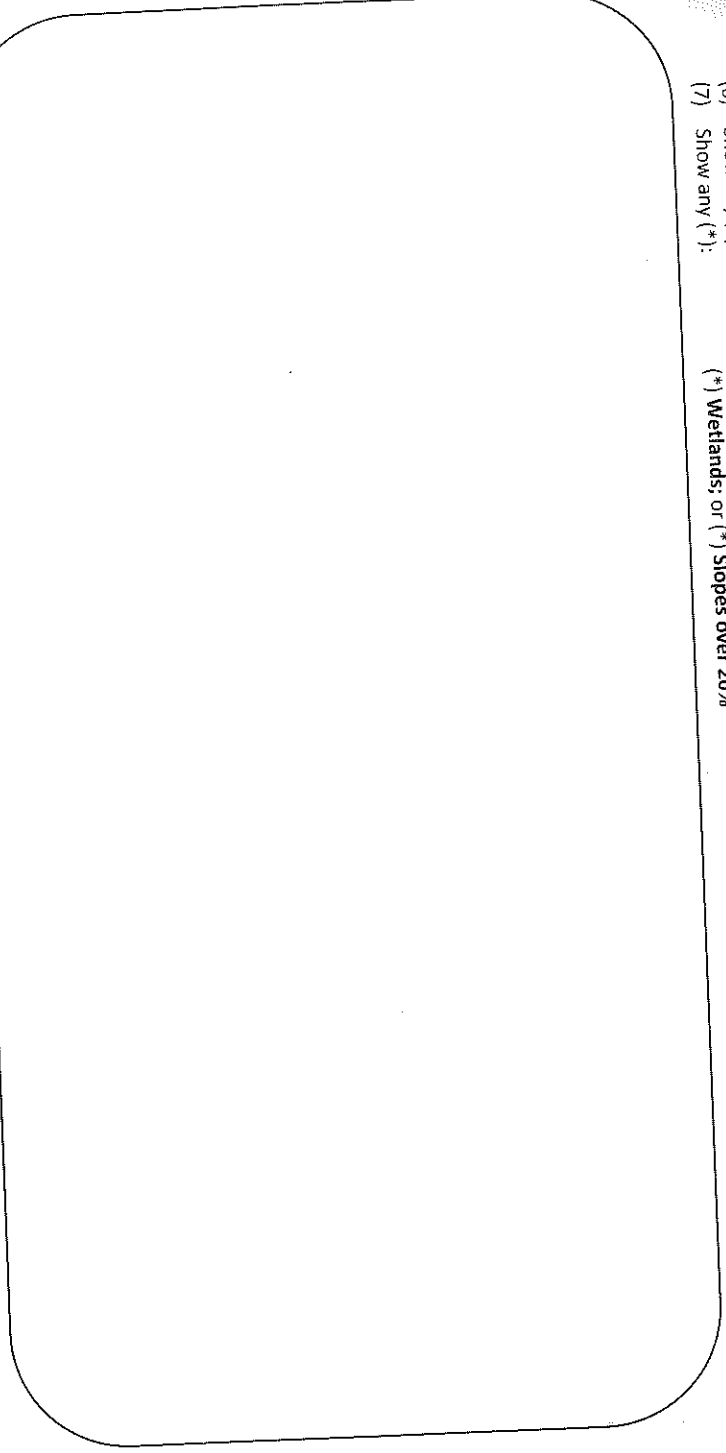
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Accessory Building (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Conditional Use: (explain) <u>grave pit</u>	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

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 accuracy 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 \_\_\_\_\_ with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable purpose of inspection.

Owner(s): [Signature] Date: 3-14-12  
 (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: 3-14-12  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Rec'd for Issuance: same as above Attach  
 Address to send permit: same as above Copy of Tax Statement  
 MAY 16 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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)

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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	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)	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 either 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 #: <u>12-0124</u>	Permit Date: <u>5-16-12</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel In Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	Affidavit Required
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	Inspected by: <u>M. Fuchs</u>	Zoning District: <u>(A-1)</u>	Date of Re-Inspection:	
Date of Inspection: <u>5-12-12</u>	Condition(s) if Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)	Lakes Classification: <u>(NA)</u>		
Signature of Inspector: <u>Michael Fuchs</u>				
Date of Approval: <u>5-11-12</u>				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				

*see 20 meeting minutes*

County, WI

Pit, Faith Church Road

