

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  
 JUN 20 2012

Permit #: 10-0000  
 Date: 7-3-12  
 Amount Paid: 75  
 Return: 6-20-12

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.

Bayfield Co. Zoning Dept. OUT THIS APPLICATION visit our website www.bayfieldcounty.org/zoning/asp

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

Owner's Name: OSCAR S. REITEN  
 Address of Property: SAME  
 City/State/Zip: WAUSA WIS 54986  
 Telephone: 715-765-4670  
 Cell Phone:

Contractor: ME  
 Contractor Phone: SAME  
 Plumber: [Signature]  
 Plumber Phone: [Signature]

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Phone: [Signature]  
 Agent Mailing Address (include City/State/Zip): [Signature]

PROJECT LOCATION: NE 1/4, SW 1/4, Section 22, Township 46 N, Range 6 W  
 Gov't Lot: [Signature]  
 Lot(s): [Signature]  
 GSW: [Signature]  
 Vol & Page: [Signature]  
 Lot(s) No.: [Signature]  
 Block(s) No.: [Signature]  
 Subdivision: [Signature]  
 Lot Size: [Signature]  
 Acreage: 2.7

Legal Description: (Use Tax Statement)  
 PIN: (23 digits) 04-072-2-41-06-22-3-01-000-1000  
 Volume 579 Page(s) 430  
 Recorded Document: (i.e. Property Ownership)

Distance Structure Is from Shoreline: [Signature] feet  
 Is Property in Floodplain Zone?  Yes  No  
 Distance Structure Is from Shoreline: [Signature] 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
\$ 500.00	<input type="checkbox"/> New Construction <input checked="" 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 checked="" type="checkbox"/> Seasonal <input 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: [Signature] <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: 30' Width: 40' Height: 25'  
 Proposed Construction: Length: 24' Width: 12' Height: 11'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	
	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( X )	
	Mobile Home (manufactured date)	( X )	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) CAR PORT	( X )	
	Accessory Building (specify) [Signature]	( 12' X 24' )	288
	Accessory Building Addition/Alteration (specify)	( X )	
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Other: (explain)	( X )	

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.

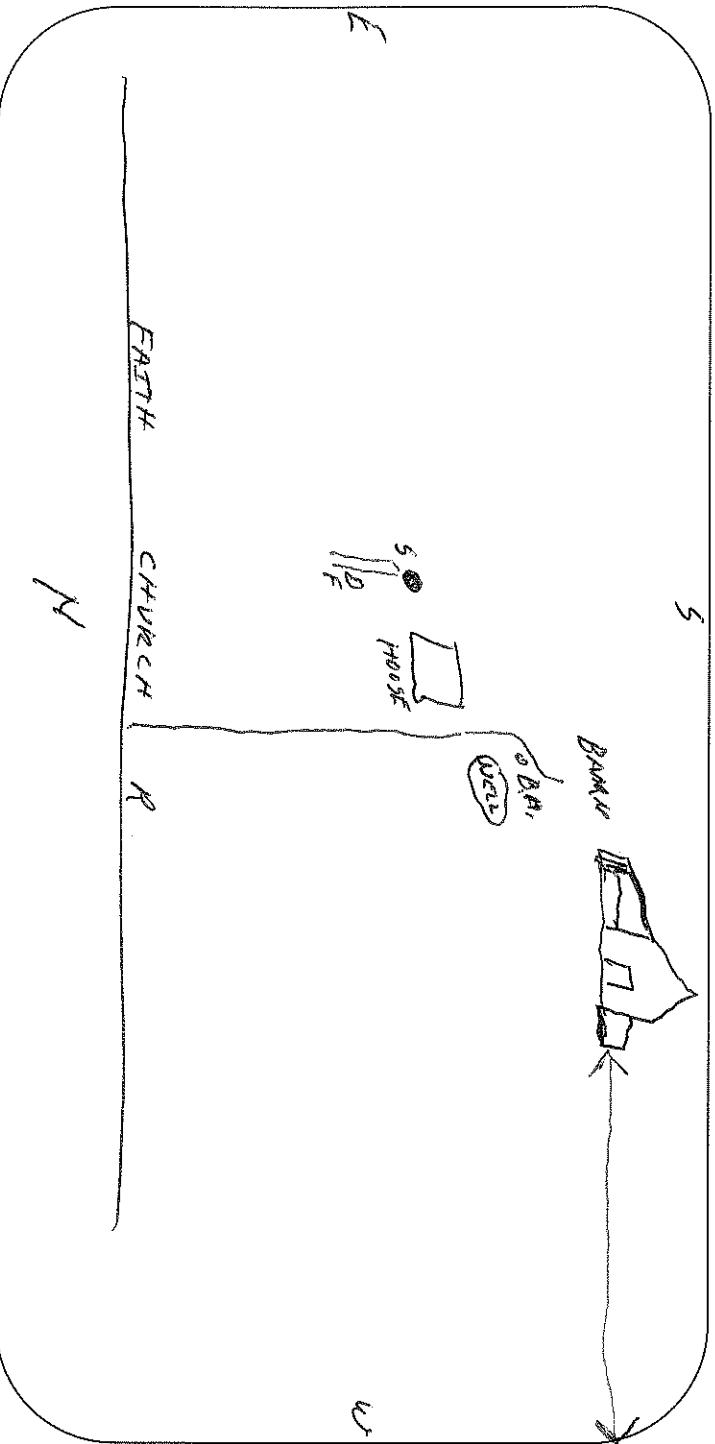
Owner(s): Oscar S. Reiten  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Date: 6-20-12

Authorized Agent: [Signature]  
 Rec'd for Issuance: [Signature] are signing on behalf of the owner(s) a letter of authorization must accompany this application  
 Date: [Signature]  
 Attach Copy of Tax Statement

Add# to permit SAME as above  
 Secretarial Staff  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 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	900 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	980 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	ROAD	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	130+	Setback from Wetland	N/A Feet
Setback from the West Lot Line	600	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	900	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	200	Setback to Well	100 Feet
Setback to Drain Field	200		
Setback to Privy (Portable, Composting)	N/A		

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>19-0230</b>	Permit Date: <b>7-3-12</b>			
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 #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	<i>Meets all setbacks.</i>			
Date of Inspection: <b>6-28-12</b>	Inspected by: <b>MM Tuttle</b>	Zoning District	<b>(A-1)</b>	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)		Lakes Classification	<b>(N/A)</b>	
		Date of Re-Inspection:		
Signature of Inspector: <b>Michael Tuttle</b>	Date of Approval: <b>6-28-12</b>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>