

PERMIT - 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
 Date Stamp (received)
 SEP 25 2013
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 13-0850
 Date: 9-25-13
 Amount Paid: 75.00
 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 SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Andrew Brilla
 Address of Property: 19505 Motel Rd
 City/State/Zip: Mason, WI 54856
 Telephone: 715-746-2081
 Cell Phone: 715-292-2933

Contractor: Town & Country Garage
 Contractor Phone: 218-729-7687
 Plumber: _____
 Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Agent Name: Brian LeMore
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): 5614 Miller Trank Herman Pkwy, MN

Written Authorization Attached: Yes No

PROJECT LOCATION: NW 1/4, NE 1/4
 Gov't Lot: _____
 Lots: _____
 CSM: _____
 Vol & Page: _____
 Lot(s) No.: _____
 Block(s) No.: _____

Section: 06, Township: T6N, N, Range: 06 W
 Town of: Mason

Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-032-2-46-06-06-102-000-12000
 Recorded Document: (i.e. Property Ownership) Volume 992 Page(s) 829
 Subdivision: subject to easement

Lot Size: _____
 Acreage: 5.0

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
\$17,000	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input checked="" type="checkbox"/> None
	<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"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

Existing Structure: (If permit being applied for is relevant to it) Length: 24 Width: 20 Height: 8

Proposed Construction: Length: 24 Width: 20 Height: 8

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) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	Bunthouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	()	()
	Accessory Building (specify) Garage	(24 X 20)	480
	Accessory Building Addition/Alteration (specify)	()	()
Rec'd for Issuance	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
OCT 10 2013	Other: (explain)	()	()

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.

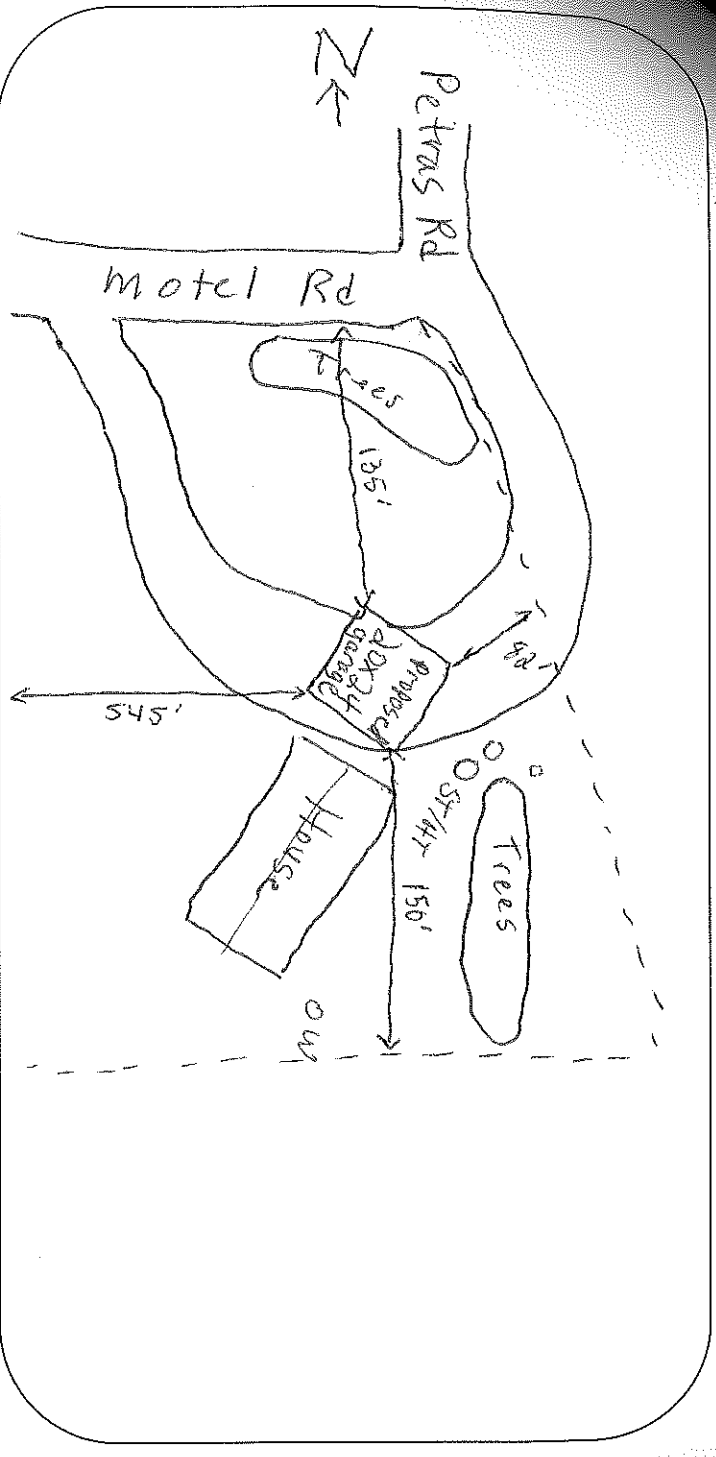
Owners: Andrew R Brilla Amanda W Brilla
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 9-24-13
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Location of: Show / indicate:
 Show Location of (*): Show
 Show any (*):
 Show any (*):
- Proposed Construction**
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) River; (*) Stream/Creek; or (*) Pond
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) 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	150 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	135 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	150 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	54.5 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	82.64 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	12 Feet	Setback to Well	100 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 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)
 Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____
 Reason for Denial: _____

Permit #: 13-0350 Permit Date: 10/10/13

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: N/A Previously Granted by Variance (B.O.A.) Yes No Case #: N/A

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: Measured least setback @ 10' FT - Appears
a portion of the drive way be over property line

Date of Inspection: 10-9-13 Inspected by: FERRIS B. MURPHY Zoning District: R-1
 Lakes Classification: N/A Date of Re-Inspection: _____

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
BUILDING NOT APPROVED FOR HUMAN HABITATION
SHALL NOT BE SERVED BY PRESSURE WATER/INDOOR
PLUMBING UNLESS CONNECTION IS APPROVED FROM THE PERMITS COMMITTEE

Signature of Inspector: _____ Date of Approval: _____
 Hold For Sanitary: Hold For Fees:
 Hold For Title: Hold For Affidavit: