

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 P.O. Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 OCT 11 2012
 Bayfield Co. Zoning Dept.
 807 5th Street

Permit #: 12-041-ENTERED
 Date: 10-19-12
 Amount Paid: \$125.00
 Refund: 10/15/12

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 County 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: Scott Haan
 Address of Property: XXXX Dam Rd
 City/State/Zip: Cable, WI 54821
 Mailing Address: 2305 Missionary Dr Rd, Cable, WI 54821
 Contractor: SELF
 Contractor Phone: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: NE 1/4, NE 1/4
 Legal Description: (Use Tax Statement) _____
 PIN: (23 digits) 04-034-2-43-06-08-101-000-12000
 Volume: 1030
 Pages: 762
 Gov't Lot: _____ Lot(s): 1 GSM: 1630 Vol & Page: 9, 350 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section: 8 Township: 43 N. Range: 6 W Town of: Noma Kagon
 Lot Size: _____ Acreage: 6.17

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Floodplain: _____ feet

Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Non-Shoreland

Value at Time of Completion: \$ 20,000
 * include donated time & material

Project (what are you applying for): New Construction
 Addition/Alteration
 Conversion
 Relocate (existing bldg)
 Run a Business on Property

of Stories and/or basement: 1-Story
 1-Story + Loft
 2-Story
 Basement
 No Basement
 Foundation

Use: Seasonal
 Year Round

of bedrooms: 1
 2
 3
 None

What Type of Sewer/Sanitary System is on the property?
 Municipal/City
 (New) Sanitary
 Sanitary (Exists) Specify Type: _____
 pit or Vaulted (min 200 gallon)
 Portable (w/service contract)
 Compost Toilet
 None

Water: City
 Well
 None

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

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 with Attached Garage	(24 x 30) (4 x 24) () () () () ()	480 96)))))
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	() () () () ())))))
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____ Conditional Use: (explain) _____ 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.

Owner(s): Scott Haan
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

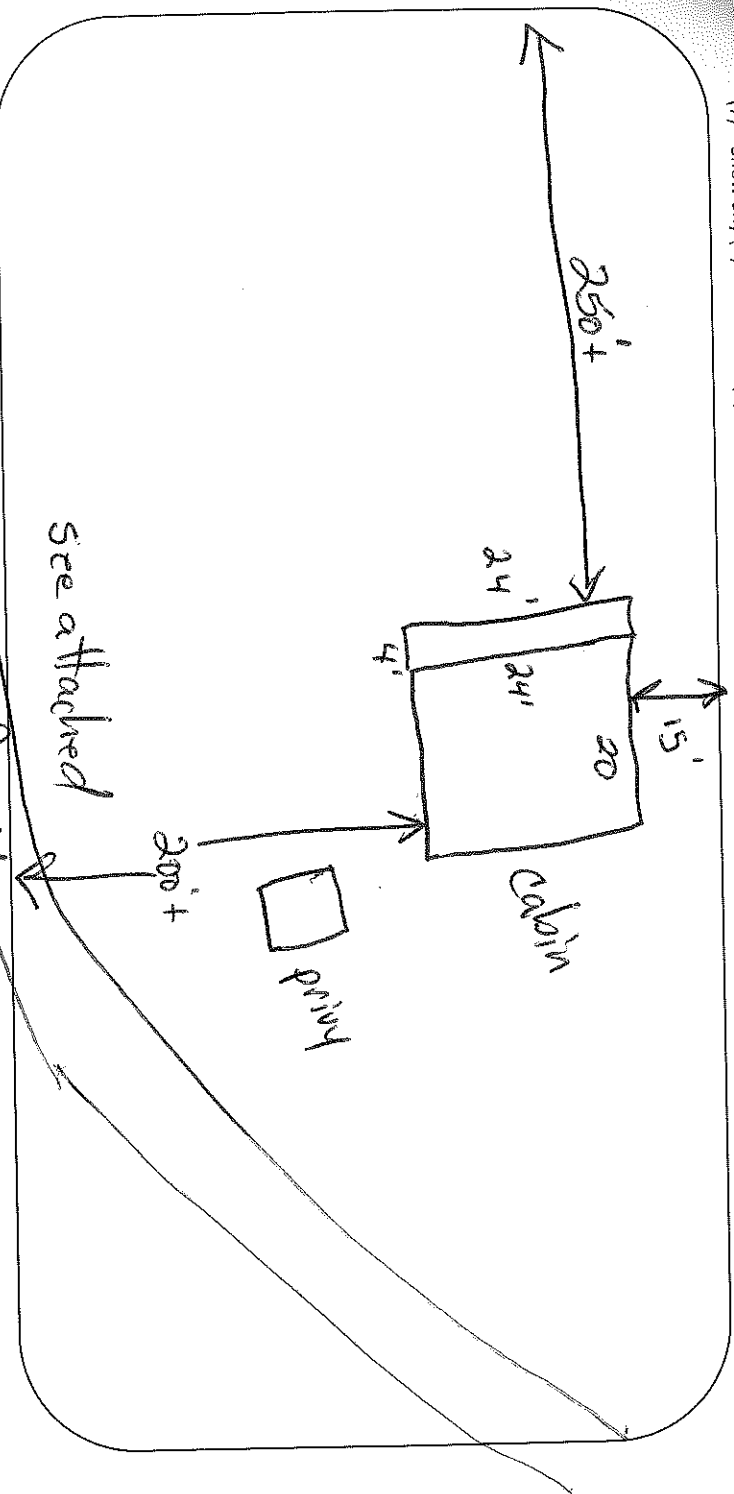
Authorized Agent: _____ Date: 10/11/12
 (If YOU are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance: _____
 Address to send permit: SAME as above
 OCT 19 2012
 Attach
 Copy of Tax Statement
 Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

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 construction)
 (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 Co D	200+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line Co Hwy D	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	250+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line Co Hwy D	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	30 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 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Permit # 12-0417 Permit Date: 10-19-12

Is Parcel a Sub-Standard Lot Yes (Speed of Record) No Mitigation Required Yes No Affidavit Required Yes No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No Mitigation Attached Yes No Affidavit Attached Yes No

Is Structure Non-Conforming Yes No Previously Granted by Variance (B.O.A.) Yes No

Granted by Variance (B.O.A.) 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: Well Staked. Metals all set back. M. Furdal Zoning District: RR-B

Date of Inspection: 10-18-12 Inspected by: M. Furdal Lakes Classification: NA

Condition(s) Town, Committee or Board Conditions Attached? Yes No No (if No they need to be attached.)
Addition of sill-panels must be installed to prevent siltation of the wetland adjacent to the building site.

Signature of Inspector: M. Furdal Date of Approval: 10-18-12

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

BAYFIELD COUNTY SANITARY PERMIT APPLICATION



I. APPLICATION INFORMATION
 (Please Print All Information)

Property Owner's Name: **Scott Haan & Sadra Haan**
 Bayfield Co. Zoning Dept. County: **Bayfield**
 No.: _____ Soil Test: **OCT 11 2012**
 County: **Bayfield** Permit No.: **12-0417**

Address of Property: **XXX Dawn Rd, Cable, WI 54821**
 Property Location: **NE 1/4 NE 1/4, S 8 T 43 N, R 6 E (of W)**

Property Owner's Mailing Address: **23055 Missionary Pt. Rd.**
 Township: **Nauvagon** Gov. Lot #: **V.9, P.350**

City/State: **Cable, WI** Zip Code: **54821** Phone Number: **794-2685**
 Lot #: **1** Block #: _____ Subdivision Name or CSM #: **1630**

II. TYPE OF BUILDING: (Check One)
 State Owned
 Public (Explain the use/purpose _____)
 1 or 2 Family Dwelling - No. of Bedrooms: **1**
 Parcel ID: _____ Tax Number(s): **04-034-2-43-06-08-1 01-000-12000**

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)
 A) New Replacement County Private Interceptor
 1. Reconnection 2. Repair 3. Revision ** Transfer of Owner (List Previous Owner below)

B) A Sanitary Permit was previously issued. **Previous Permit Number:** _____ **Date Issued:** _____

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above
 C) Pit Privy Vault Privy (Vault size: **800** gallons or _____ cubic yards)
 Portable Privy (Temporary Use Only) Composting Toilets Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:
 1. Gallons Per Day: _____ 2. Absorp. Area Required (Sq. Ft.): _____ 3. Absorp. Area Proposed (Sq. Ft.): _____ 4. Loading Rate (Gals. / Day / Sq. Ft.): _____ 5. Perc. Rate (Min. Inch): _____ 6. System Elev. (Feet): _____ 7. Final Grade Elev. (Feet): _____

VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	1		800	1							X
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:
 I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.
 Plumber's / Owner's Name: (Print) **Scott Haan** Plumber's / Owner's Signature: (No Stamps) **[Signature]** MP/MPSRW No.: _____
 Plumber's Address: (Street, City State, Zip Code) _____ Home Phone: _____ Business Phone: _____

VIII. COUNTY / DEPARTMENT USE ONLY
 Disapproved
 Approved
 Sanitary Permit/Transfer Fee: **\$150.00 PDS** Date Issued: **10-19-12**
 Adverse Determination: **10/15/12** Issuing Agent's Signature / Date: **M. Fuchs 10-18-12**

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL: