

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  
 Date Stamp (Received) MAY 31 2013  
 Bayfield Co. Zoning Dept.

Permit #:	13-0604	\$792 RECEIVED
Date:	6-7-13	
Amount Paid:	\$75	
Refund:	5-31-13	

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: Allen Harvey Mailing Address: same City/State/Zip: \_\_\_\_\_ Telephone: 715 798-2519  
 Address of Property: 21760 Joncks Pt. Rd. City/State/Zip: Cable WI 54821 Call Phone: \_\_\_\_\_  
 Contractor: Rick Venhot Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 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: Legal Description: (Use Tax Statement) 04-024-2-43-06-04-4 05-005-07000 PIN: (23 digits)  
 \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4 Gov't Lot 516 Lots) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: \_\_\_\_\_  
 Section 4, Township 43 N, Range 6 W Town of: Namakagon 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 → Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 250 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
\$22,000	<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	<input checked="" 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: <u>COM</u>	<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 checked="" type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<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"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 30 Height: 18  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

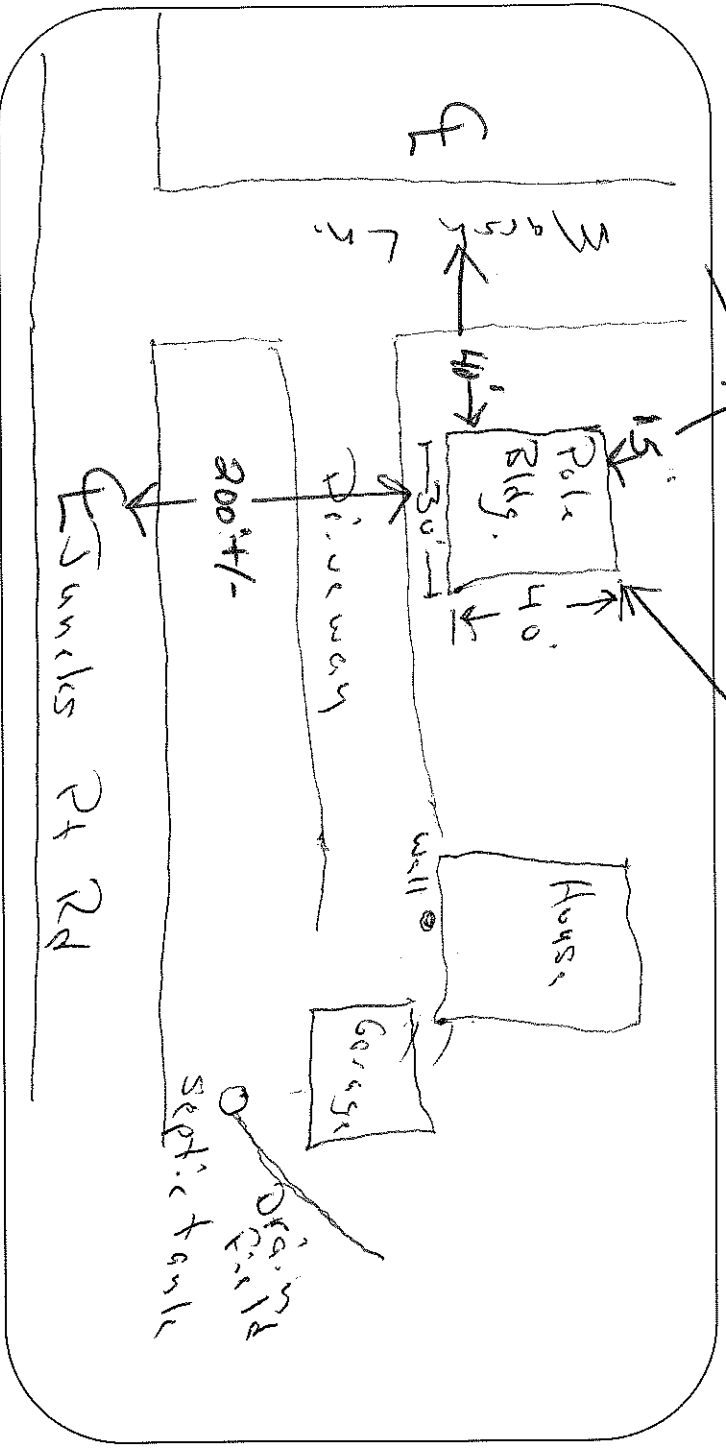
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	( X )
	Residence (i.e. cabin, hunting shack, etc.)	( X )	( X )
	with Loft	( X )	( X )
	with a Porch	( X )	( X )
	with (2 <sup>nd</sup> ) Porch	( X )	( X )
	with a Deck	( X )	( X )
	with (2 <sup>nd</sup> ) Deck	( X )	( X )
<input type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )	( X )
	Mobile Home (manufactured date)	( X )	( X )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( X )	( X )
	Accessory Building (specify) <u>pole bldg.</u>	( 40 X 30 )	1,200
	Accessory Building Addition/Alteration (specify)	( X )	( X )
Rec'd for Issuance	Special Use: (explain)	( X )	( X )
	Conditional Use: (explain)	( X )	( X )
	Other: (explain)	( X )	( X )
	Secretariat Staff		

FAILURE TO OBTAIN A PERMIT OF 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): Allen Harvey Date: 5-30-13  
 (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: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: same as above Attach Copy of Tax Statement   
 If you recently purchased the property send your Recorded Deed

Box 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: (\*) Wet (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% *25%*



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

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
ROSEMAY			
Setback from the Centerline of <del>Platted</del> Road	40'	Setback from the Lake (ordinary high-water mark)	250'
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
		Setback from the Bank or Bluff	NA
Setback from the North Lot Line	15'		
Setback from the South Lot Line	SUNNYS Pt Rd 15'	Setback from Wetland	200'
Setback from the West Lot Line	170'	Setback from 20% Slope Area	NA
Setback from the East Lot Line	190'	Elevation of Floodplain	1397'
Setback to Septic Tank or Holding Tank	170'	Setback to Well	120'
Setback to Drain Field	190'		
Setback to Privy (Portable, Composting)	NA		

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: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 13-0124 Permit Date: 6-7-13

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (bead of record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit 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	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:			Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No						

Inspected by: MM. Fustel

Date of inspection: 6-6-13

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

Well staked. Metastall setbacks.

May not be used for human habitation.

No water under pressure in structure.

Signature of inspector: Michael Fustel Date of Approval: 6-7-13

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_