

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 of Imp. **MAR 05 2012**  
**Bayfield Co. Zoning Dept.**

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)

**ENTERED** Permit #: **12-0031**

Date: **3/28/12**

Amount Paid: **\$250.00** EDS

Refund: **3/9/12**

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER *Conversion*

Owner's Name: **Chris Lambert + Karen Skell** Mailing Address: **711 Elm St. Washburn, WI 54891** Telephone: **715-459-4748**

Address of Property: **3800 State Hwy 137** City/State/Zip: **Washburn, WI 54891** Cell Phone:

Contractor: **Dave** Contractor Phone:  Plumber: **SWEAS** Plumber Phone:

Authorized Agent: (Person signing Application on behalf of Owner(s)) **Dave** Agent Phone: **715-682-5019** Agent Mailing Address (include City/State/Zip): **3800 State Hwy 137 Ashland, WI 54806** Written Authorization Attached  Yes  No

PROJECT LOCATION: **Sus 1/4, Nod 1/4** Legal Description: (Use Tax Statement) **PLN: (23 digits) 04-036-2-50-06-35-2 03.00Y-70000** Recorded Document: (ie: Property Ownership) **Volume 1051 Page(s) 9 51**

Gov't Lot: **4** Lot(s): **1** CSM: **773** Vol & Page: **05-192** Lot(s) No.:  Block(s) No.:  Subdivision:

Section **35**, Township **50** N, Range **9** W Town of: **Orehek** Lot Size:  Acreage: **1.6**

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: **~310** feet

Non-Shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → 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
<b>\$95,000</b>	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>3</b>	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <b></b> <input type="checkbox"/> Sanitary (Exists) Specify Type: <b></b> <input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> 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 <b>None</b>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
<b>Proposed Construction:</b>	<b>32</b>	<b>24</b>	<b>26</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) Residence (ie. cabin, hunting shack, etc.) with Loft with a Porch with a 2 <sup>nd</sup> Porch with a Deck with Attached Garage	<b>( 24 x 32 )</b> <b>( X X )</b> <b>( X X )</b> <b>( X X )</b> <b>( X X )</b> <b>( X X )</b>	<b>1536</b>
<input 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"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<b>( X X )</b> <b>( X X )</b> <b>( X X )</b> <b>( X X )</b> <b>( X X )</b>	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input checked="" type="checkbox"/> Other: (explain) <b>Conversion - Storage for Seasonal Residence</b>	<b>( X X )</b> <b>( X X )</b> <b>( X X )</b>	

FALLURE 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): \_\_\_\_\_ Date: \_\_\_\_\_  
 (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: **2-24-12**  
*(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 **3800 State Hwy 137 Ashland, WI 54806** Copy of Tax Statement  
**MAR 28 2012** If you recently purchased the property send your Recorded Deed  
**5490**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

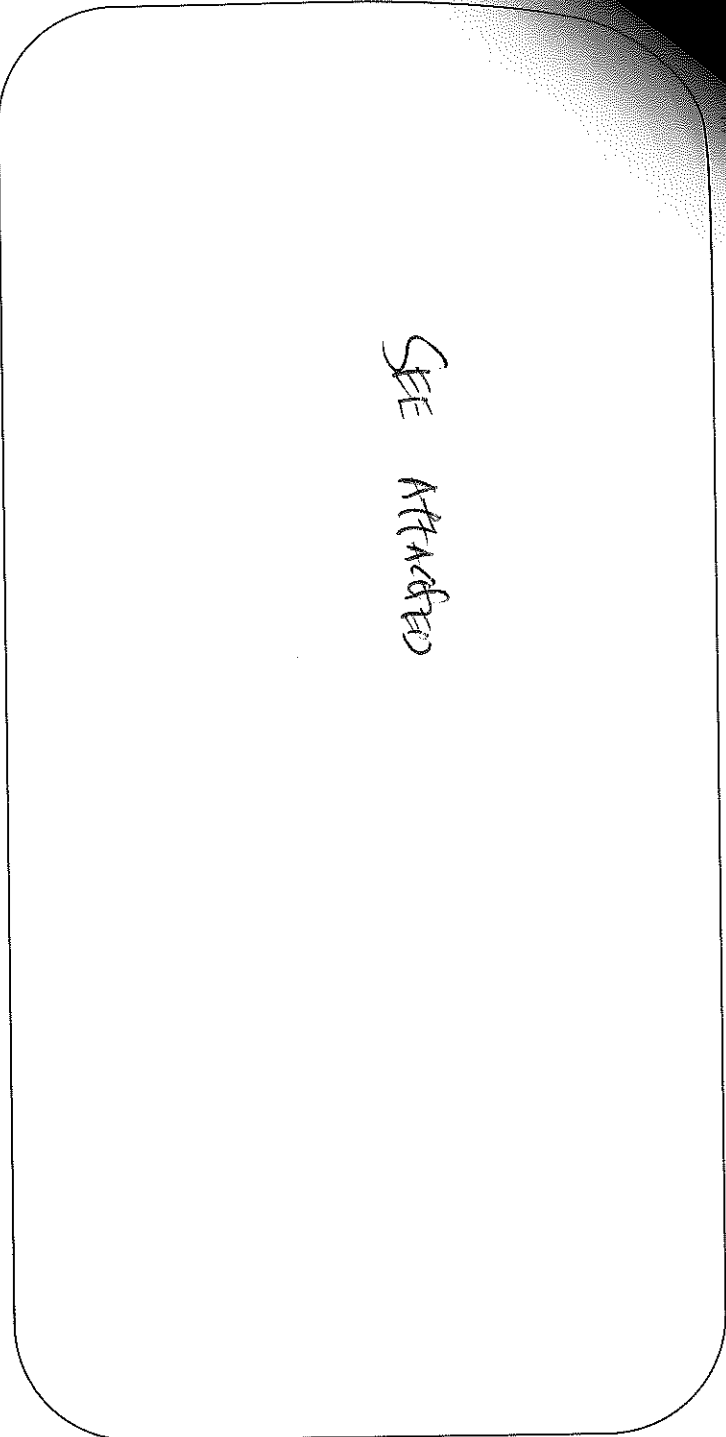
Fees?? Secretarial Staff

3/24/12

Indicate your property (regardless of what you are applying for)

- Proposed Construction
- (\*) North (N) on Plot Plan
  - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - All Existing Structures on your Property
  - (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (\*) Wetlands; or (\*) Slopes over 20%

SEE ATTACHED



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	125'	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	> 100'
Setback from the North Lot Line	2'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	4'-54"	Setback from Wetland	Feet
Setback from the West Lot Line	52'	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	> 75'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Active
Setback to Drain Field	Feet		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 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 #: 12-0031	Permit Date: 3/09/10				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <u>RE EXISTING GUESSWORK - CALICULATED FROM NOIS APPROXIMATE TO ROAD RIBBON</u> <u>APPROXIMATE</u> Date of Inspection: <u>02</u> Inspected by: <u>3-9-12</u>	Conditional(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) <u>NO VARIANCE WITH MANY NOTES AS TO WHY ANY VARIANCE REQUIRES BE INSTALLED ON THE GARAGE</u> <u>CLASS SAND STORAGE &amp; SEWER BY A SURVEYOR &amp; APPROVED ON SITE DURING DRAINAGE SYSTEM.</u>	Zoning District: <u>R-1B</u> Lakes Classification: <u>(1)</u>	Date of Re-Inspection:		
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>3-9-12</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"/>		