

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  
 APR 24 2012

Permit #:	12-0103
Date:	5-4-12
Amount Paid:	\$75.00 POS
Refund:	4/30/12

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 BY BAYFIELD CO. ZONING DEPT. 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: JAMES TOLKA Mailing Address: 79365 EVERGREEN RD City/State/Zip: PORT WISCONSIN 54885 Telephone: 715 774-3941

Address of Property: SAME AS ABOVE City/State/Zip: SAME AS ABOVE Contractor Phone: Plumber: Cell Phone: 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: NE 1/4, SE 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume 581 Page(s) 338

Section 13, Township 49 N, Range 9 W Town of: ORISUTA Lot Size: Acres 40.00

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 325 feet Distance Structure is from Shoreline: 325 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue --> Distance Structure is from Shoreline: feet

Non-Shoreland

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
\$ <u>1500.00</u>	<input checked="" 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 type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u> <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: 22 Width: 32 Height: 16

Proposed Construction: Length: 22 Width: 32 Height: 16

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

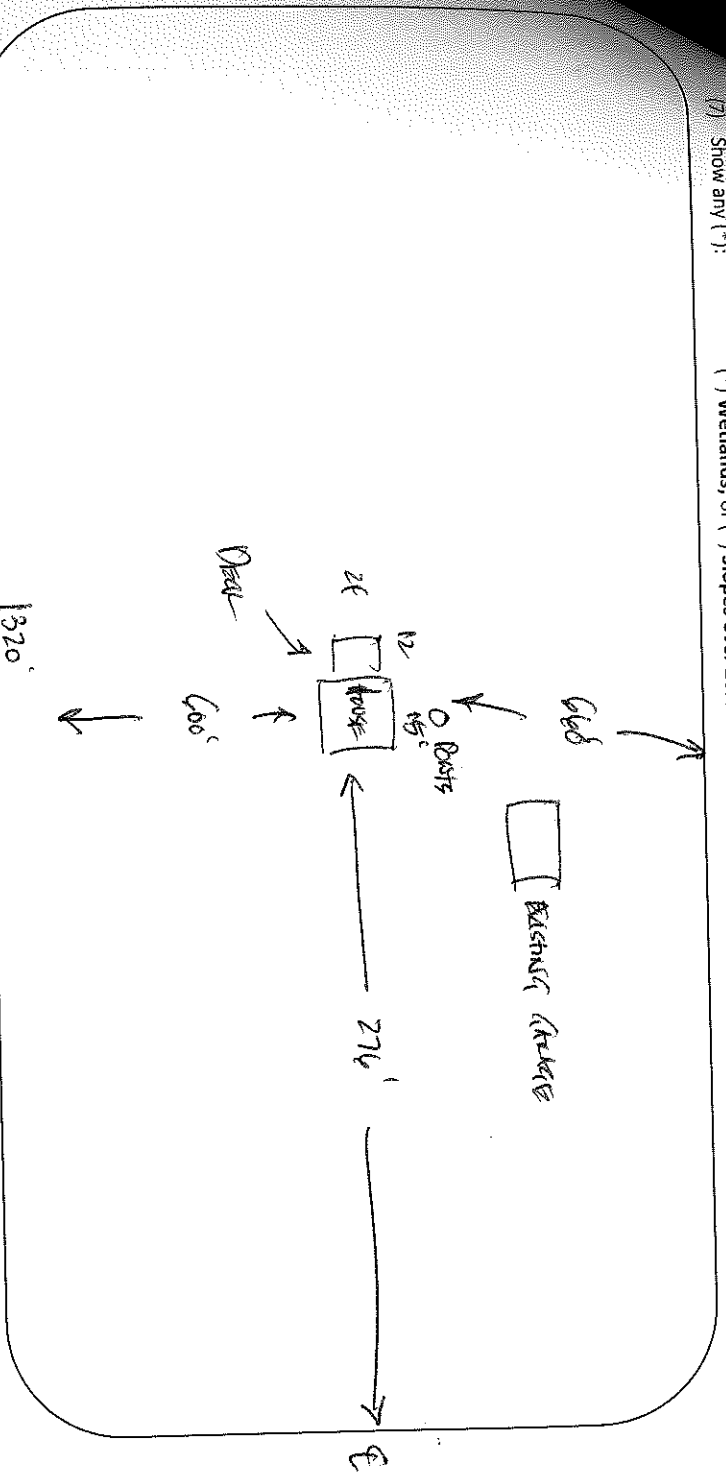
Owner(s): James Tolka Date 4-24-12  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: James Tolka Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance 79365 EVERGREEN RD PORT WISCONSIN 54885 Attach Copy of Tax Statement  
 Address to send permit MAY 4 2012 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Secretarial Staff

Draw or sketch 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%
- Show Location of (\*):
- 1) Show:
  - 2) Show any (\*):
  - 3) Show any (\*):
  - 4) Show any (\*):



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	700' ±	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	700' ±	Setback from the River, Stream, Creek	350'
Setback from the North Lot Line	660'	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	660'	Setback from Wetland	
Setback from the West Lot Line	1600' ±	Setback from 20% Slope Area	
Setback from the East Lot Line	276'	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	15'	Setback to Well	
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

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 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)**

Sanitary Number: 1604117 # of bedrooms: Sanitary Date: 1-4-02

Permit Denied (Date): Reason for Denial:

Permit #: 12-0103 Permit Date: 5-4-12

Is Parcel a Sub-Standard Lot  Yes  No (Deed of Record)  Yes  No

Is Parcel in Common Ownership  Yes (fused/contiguous lots)  No

Is Structure Non-Conforming  Yes  No

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

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

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Property Surveyed  Yes  No

Inspection Record: APPROVED FOR THE AS REPRESENTED BY OTHER APPLICANTS TO WHOM APPLICABLE CHANGE REQUIREMENTS & PERMIT MAY BE ISSUED

Date of Inspection: 4-27-12 Inspected by: BDC

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

Signature of Inspector: [Signature] Date of Approval: 4-27-12

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