

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 Rec'd (Received)
JUL 23 2012
 Bayfield Co. Zoning Dept.

Permit #: **12-0284**
 Date: **7-25-12**
 Amount Paid: **\$75.00 COS**
 Refund: **7/23/12**

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.

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: **MICHAEL W. BRUNS** Mailing Address: **PO BOX 22** City/State/Zip: **DANVERS FALLS, MN** Telephone: **527-223-284**

Address of Property: **1782 STATE HWY 13** City/State/Zip: **ROSEVILLE, WI** Contractor Phone: **562-0099** Plumber: **_____** Cell Phone: **_____**

Contractor: **Bark River Remodeling** Agent Phone: **_____** Agent Mailing Address (include City/State/Zip): **_____** Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **_____** Agent Phone: **_____** Agent Mailing Address (include City/State/Zip): **_____** Written Authorization Attached Yes No

Recorded Document: (i.e. Property Ownership) Volume **4** Page(s) **346**

PROJECT LOCATION Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot **1** Lot(s) **1** CSM **1dd1** Vol & Page **_____** Lot(s) No. **_____** Block(s) No. **_____** Subdivision: **_____** Lot Size **_____** Acreage **1/1**

Section **10**, Township **49** N, Range **9** W Town of: **Oriente**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? **_____** If yes—continue **→**

Is Property/Land within 1000 feet of Lake, Pond or Flowage? **_____** If yes—continue **→**

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

Distance Structure is from Shoreline: **> 75** 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 |
|---|--|---|---|--|--|---|
| \$ 9000 | <input type="checkbox"/> New Construction <input 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"/> Basement <input checked="" 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 <input checked="" type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: W.F. <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"/> We |

Existing Structure: (if permit being applied for is relevant to it) Length: **_____** Width: **_____** Height: **_____**

Proposed Construction: Length: **_____** Width: **_____** Height: **_____**

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|---|------------------|-------------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (_____) | (_____) |
| | <input type="checkbox"/> 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 | (_____) | (_____) |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (_____) | (_____) |
| | Mobile Home (manufactured date) _____ | (_____) | (_____) |
| | Addition/Alteration (specify) Deck | (_____) | (120 FT) |
| | Accessory Building (specify) _____ | (_____) | (_____) |
| | Accessory Building Addition/Alteration (specify) _____ | (_____) | (_____) |
| <input type="checkbox"/> Municipal Use | Special Use: (explain) _____ | (_____) | (_____) |
| | Conditional Use: (explain) _____ | (_____) | (_____) |
| | Other: (explain) _____ | (_____) | (_____) |

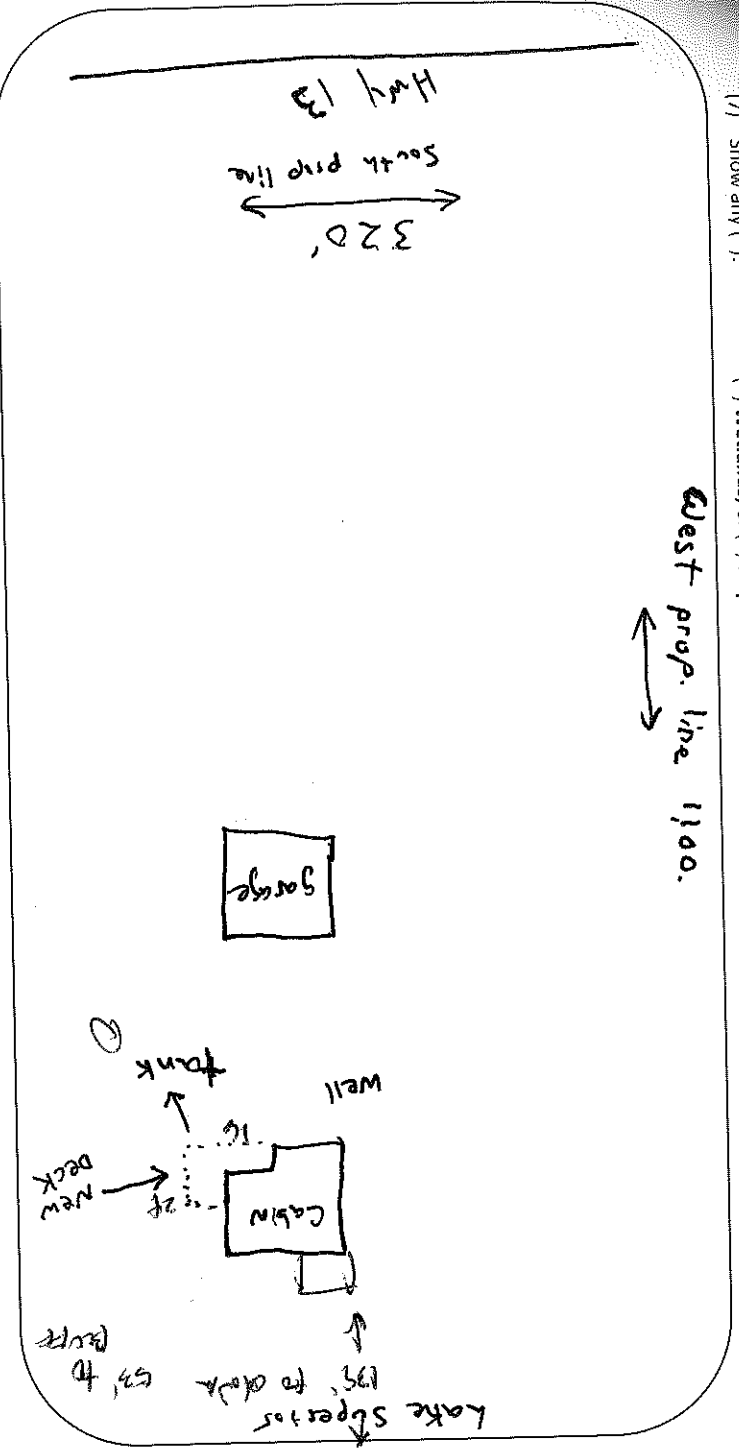
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 above described property at any reasonable time for the purpose of inspection.

Owner(s): **Michael W. Brun** Date **7/3/12**
 (If there are Multiple Owners listed on the Deed ALL Owners must sign of letter(s) of authorization must accompany this application)

Authorized Agent: **_____** Date **7/3/12**
 are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance **86275 Bark River Rd Herstein WI 54844** Copy of Tax Statement
 Address to send permit **JUL 25 2012** If you recently purchased the property send your Recorded D
 Attach
 Secretarial Staff
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- 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 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 | > 800 Feet | Setback from the Lake (ordinary high-water mark) | > 75 Feet |
| Setback from the Established Right-of-Way | | Setback from the River, Stream, Creek | |
| Setback from the North Lot Line | > 800 Feet | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | > 250 Feet | Setback from Wetland | |
| Setback from the West Lot Line | > 30 Feet | Setback from 20% Slope Area | |
| Setback from the East Lot Line | | Elevation of Floodplain | |
| Setback to Septic Tank or Holding Tank | 27 Feet | Setback to Well | 15 Feet |
| 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 one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 For 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: | # of bedrooms: | Sanitary Date: | |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit #: 19-02164 | Permit Date: 7-25-12 | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is 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 <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit 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 | | |
| Granted by Variance (B.O.A.) | 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 | 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 | | | | |
| Inspection Record: <i>PROPOSED SEPTIC TANK ADDITION 2750 FT² TO RECONSTRUCTED 80' x 110' x 15' TRUCKS</i> | | Zoning District | (R-10) | | |
| Date of Inspection: | Inspected by: | Lakes Classification | (1) | Date of Re-Inspection: | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) | | | | | |

Signature of Inspector: *[Signature]* Date of Approval: *9-20-12*

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