

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
 Date Stamp (Received)
 NOV 13 2012
 Bayfield Co. Zoning Dept.

Permit #:	12-2459
Date:	11-19-12
Amount:	\$751.14
Refund:	

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: Wayne Jensen Mailing Address: 2717-13th Ave S City/State/Zip: Mpls, MN 55407 Telephone: 612-205-1996

Address of Property: 6085 Hwy 13 Contractor Phone: Plumber 54865 City/State/Zip: Wj 54865 Cell Phone: (11)

Contractor: Sell 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

PROJECT LOCATION: 1/4 1/4 Gov't Lot: 1 Lot(s): 1 CSM: 04 036-2-50-09-36-2-05-012 Block(s) No.: 5000 Volume: _____ Page(s): _____

Section: 36, Township: 50, N, Range: 09, W

Town of: Oriente

Legal Description: (Use Tax Statement) _____

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: 280 ft feet

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
\$ <u>900.00</u>	<input checked="" type="checkbox"/> New Construction	<input 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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> WOOD	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>_____</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing blg)	<input type="checkbox"/> Basement	<u>STORAGE</u>	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<u>N/A</u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<u>_____</u>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<u>_____</u>
		<input type="checkbox"/> Foundation	<u>_____</u>	<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	<u>_____</u>
		<u>2</u> <u>N/A</u>	<u>_____</u>	<u>_____</u>	<input checked="" type="checkbox"/> None	<u>_____</u>

Existing Structure: (if permit being applied for is relevant to it) Length: N/A Width: N/A Height: N/A

Proposed construction: Length: N/A Width: N/A Height: N/A

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) <u>Free standing open wood SHED</u>	(<u>6</u> X <u>48</u>)	<u>288</u>
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()

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): Wayne Jensen Date: 11/9/12
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
 (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 _____

Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

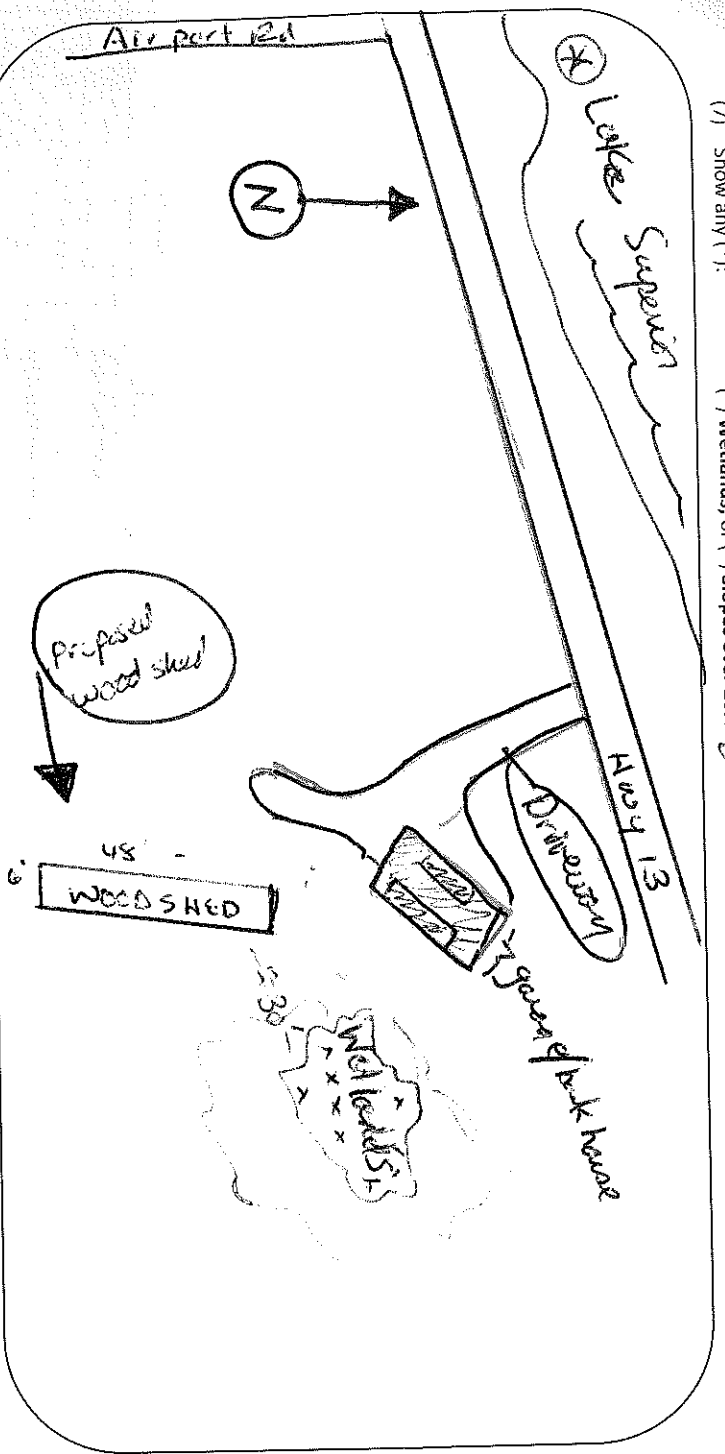
NOV 19 2012

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) ✓ N/A
- (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)

(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	(Approx) 270 Feet	Setback from the Lake (ordinary high-water mark)	365 Feet
Setback from the Established Right-of-Way	210 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	210 Feet	Setback from the Bank or Bluff	305 Feet
Setback from the South Lot Line	350+ Feet	Setback from Wetland	27+ Feet
Setback from the West Lot Line	180 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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: N/A # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 12-0459 Permit Date: 11-19-18

Is Parcel a Sub-Standard Lot Yes No

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

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Structure was asked worked as intended by other means to be correct w/ cracks spiders non-detectable structure

Date of Inspection: 11-15-18 Inspected by: DDC

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

None

Signature of Inspector: [Signature] Date of Approval: 12-15-18

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