

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  
 MAY 14 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-0072  
 Date: 5-14-13  
 Amount Paid: \$75  
 Refund: 5-13-14

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.

Bayfield Co. Zoning Dept. 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: Alvin Erichsen Mailing Address: 78160 Evergreen Rd City/State/Zip: 715-774-3539 Telephone: 715-774-3539

Address of Property: 78160 Evergreen Rd City/State/Zip: Port Talings WI, 54865 Cell Phone: \_\_\_\_\_

Contractor: Scott Contractor Phone: 78160 Evergreen Rd, 54865 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) 1/4, 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 14, Township 45 N, Range 8 W Town of: Owasha Lot Size \_\_\_\_\_ Acreage 35

Is Property/Land within 300 feet of River, Stream (incl. intermittent) \_\_\_\_\_ Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage \_\_\_\_\_ Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Floodplain?  Yes  No  
 If Yes--continue  No  
 If Yes--continue  No

Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

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>20,000</u>	<input checked="" 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 type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>AT</u> <input type="checkbox"/> Privy (Prt) or <input 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

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 36 Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( ) X ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
<input type="checkbox"/>	with Loft	( ) X ( )	( )
<input checked="" type="checkbox"/>	Residential Use with a Porch	( ) X ( )	( )
<input type="checkbox"/>	with a Deck	( ) X ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( ) X ( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>SHAGS</u>	( <u>36</u> X <u>36</u> )	( <u>36</u> X <u>36</u> )
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Garage</u>	( ) X ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( ) X ( )	( )
<input type="checkbox"/>	Special Use: (explain)	( ) X ( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( ) X ( )	( )
<input type="checkbox"/>	Other: (explain)	( ) X ( )	( )

Rec'd for Issuance  
 MAY 14 2013

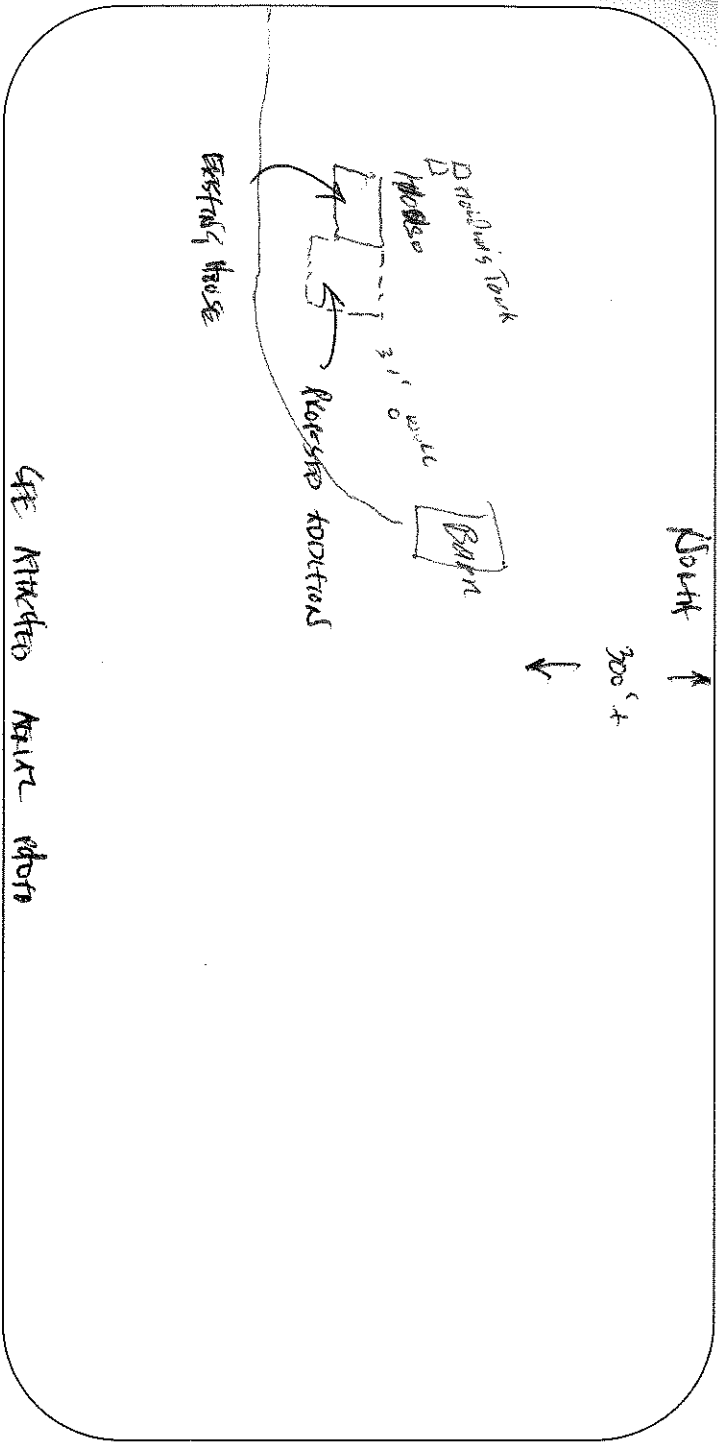
Secretarial Staff

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 ordinance to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Alvin Erichsen Date 5-7-13  
 (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 \_\_\_\_\_ Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

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%



E U E L K S L E E U R P

Please complete (1) - (7) above (prior to continuing)  
 (8) Setbacks: (measured to the closest point) **SEE ATTACHED AIRC PHOTO**  
 Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	7-200 Feet	Setback from the River, Stream, Creek	7-100 Feet
Setback from the North Lot Line	300 + Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	800 + or + Feet	Setback from Wetland	Feet
Setback from the West Lot Line	215 + or + Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	940 + or + Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	7-30 Feet
Setback to Drain Field	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 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)** Sanitary Number: 12-1015 # of bedrooms: 4 Sanitary Date: 9-2-12

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

Permit #: 13-0077 Permit Date: 5-14-13

Is Parcel a Sub-Standard Lot  Yes  No  
 Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ 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 Was Property Surveyed  Yes  No

Inspection Record: PROPOSED STRUCTURE ADDITION AS REPRESENTED BY OWNER APPEALS TO MEET SEPTIC REQUIREMENTS & L.U. PERMIT WHY THE ISSUED.

Date of inspection: 5-1-13 Inspected by: ORC

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

Signature of Inspector: [Signature] Date of Approval: 5-9-13

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