

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
 JUL 02 2013
 Bayfield Co. Zoning Dept.

ENTERED Permit #: 13-0189
 Date: 7-17-13
 Amount Paid: \$185
 Refund: 7-3-13

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: David Johnson Mailing Address: 80550 FALLS SPUR RD. PORT WILB WI Telephone: 715-774-3508

Address of Property: 9 FALLS SPUR RD. PORT WILB WI 54865 City/State/Zip: PORT WILB WI 54865 Cell Phone: _____

Contractor: SELF Contractor Phone: 715 774 3508 Plumber: POKORSKI Plumber Phone: 378 4156

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) _____

Section 1D Township 99 N. Range 9 W. Town of: ORIENTA

Subdivision: ORIENTA FALLS PARK OVERSTROMS ADDITION

Volume _____ Page(s) _____

Recorded Document: (i.e. Property Ownership) _____

Lot 1 = .525 A Lot 2 = .510 A Acreage 1.35

Non-Shoreland

Shoreland and Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

Distance Structure is from Shoreline: (450 +) 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>\$30,000</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 (New) Sanitary Specify Type: _____	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<u>N/A</u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None		

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

Proposed Construction: Length: 50 Width: 34 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunthouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	<u>SHED</u>	<u>(34 x 50)</u>
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

Rec'd for Issuance JUL 17 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 ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David Johnson Date 7-2-13
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

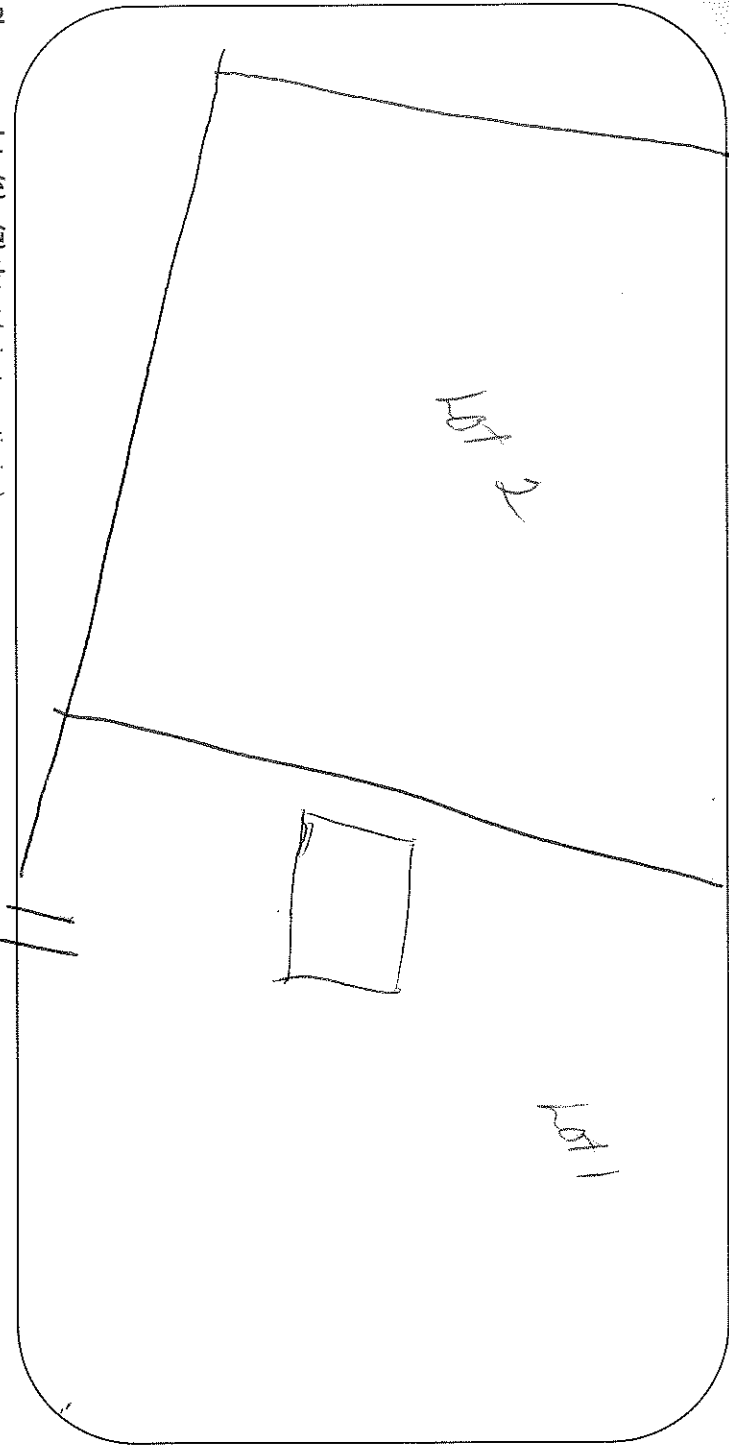
Authorized Agent: Business Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____
 If you recently purchased the property send your Recorded Deed

Attach Copy of Tax Statement

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)
 (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	100 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	50 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	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:	N/A	# of bedrooms:	N/A	Sanitary Date:	N/A
Permit Denied (Date):	N/A	Reason for Denial:	N/A				
Permit #: 13-0189		Permit Date:	2-17-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<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	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:	MEASURED 31 ft to the nearest marked corner to the corner of building (proposed).						
Date of inspection:	2-15-13	Inspected by:	Jen Crumby Murphy	Zoning District:	R-1	Date of Re-Inspection:	
Conditions (Town, Committee or Board Conditions Attached?)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
STRUCTURE WAS NOT BE USED FOR HABITATION UNLESS SEVERED BY APPLICABLE APPROVED POWTS + PROPERTY OWNER OBTAINSE UDC PERMIT FOR CHANGE OF USE.							
Signature of Inspector:							Date of Approval:
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>

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
 JUL 12 2013

Permit #: **13-0190** **ENTERED**
 Date: **7-17-13**
 Amount Paid: **\$75**
 Refund: **7-15-13**

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 BUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)
 HOW TO FILE

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Amy Wilson Mailing Address: 77480 Evergreen City/State/Zip: Port Wing WI/54865 Telephone: 715 774 3372

Address of Property: 77480 Evergreen Rd. City/State/Zip: Port Wing WI 54865 Call Phone: _____

Contractor: _____ Contractor Phone: _____ 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) NE 1/4, S2D 1/4 PIN: (23 digits) 04 036-2-49-08-29-3 01-00-1000 Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section S89, Township T49N, Range R08W Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Lot Size _____ Acreage 40 ACRES

Town of: Oriente

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: _____ 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>2000.00</u>	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<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 type="checkbox"/> Sanitary (exists) Specify Type: _____ <input checked="" type="checkbox"/> Privy (Priv) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" 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: 18' Width: 20' Height: 10'

Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" 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 nd) Porch	() ()	()
<input type="checkbox"/>	with a Deck	() ()	()
<input type="checkbox"/>	with (2 nd) Deck	() ()	()
<input type="checkbox"/>	with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Addition/Alteration (specify) <u>Storage Shed</u>	(<u>10' X 20'</u>)	(<u>200'</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) _____	() ()	()

Rec'd for Issuance **JUL 17 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 ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

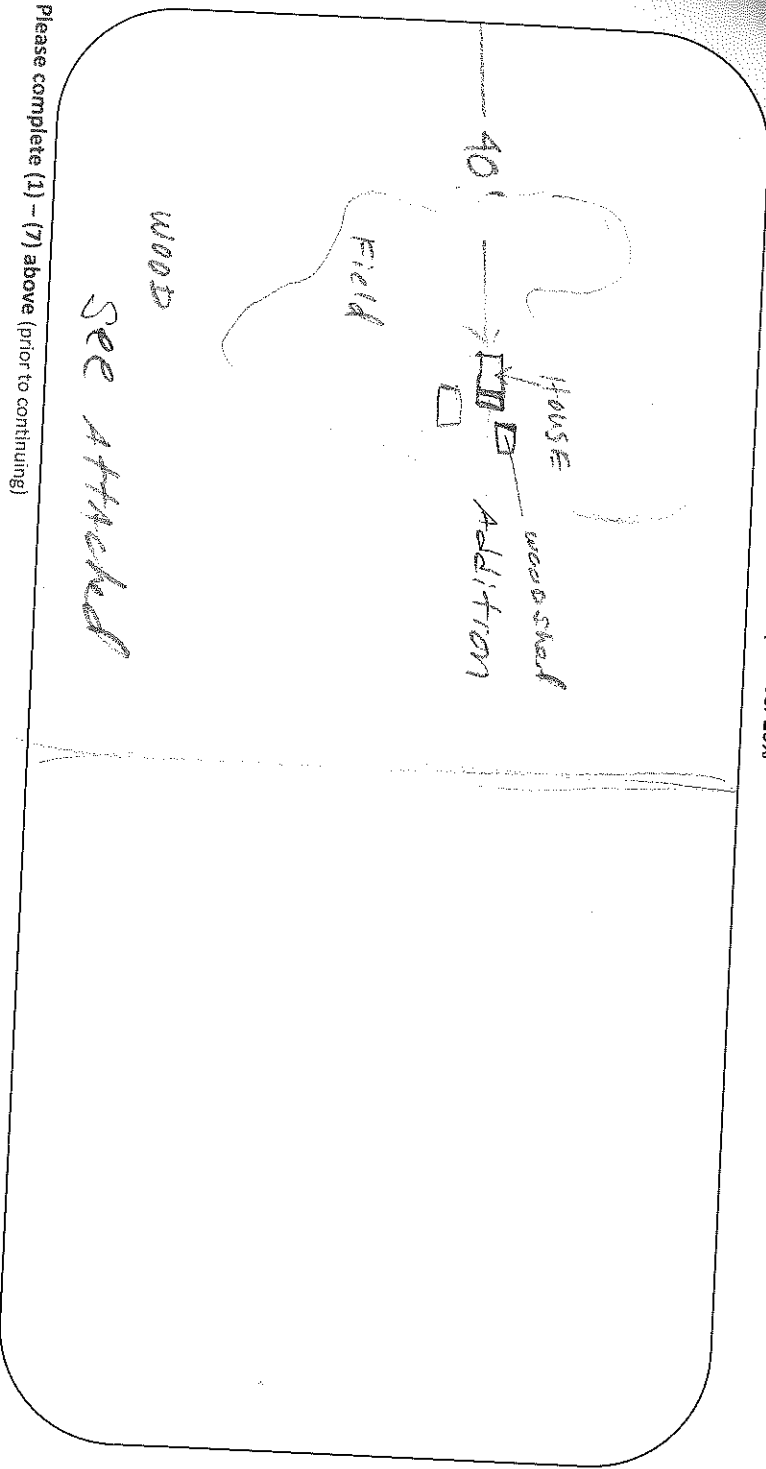
Owners: Amy Wilson (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 8.12.13

Address to send permit _____ (if you recently purchased the property send your Recorded Deed Copy of Tax Statement Attach)

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)

(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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	320' +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	820' +/- Feet	Setback from Wetland	Feet
Setback from the West Lot Line	490' +/- Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	250' +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		4'-52'
Setback to Privy (Portable, Composting)	120' +/- 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)

Permit Denied (Date): _____ Sanitary Number: 75-6088 # of bedrooms: _____ Sanitary Date: 16-21-75

Permit #: 13-0190 Reason for Denial: 6022 PLU 75 Permit Date: 7-17-13

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

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

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: owner present for inspection

Were Property Lines Represented by Owner Was Property Surveyed Yes No Case #: N/A

Date of Inspection: 7-16-13 Inspected by: Jan Cornberg-Muehly

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

ADDITION TO EXISTING RESIDENCE FOR STORAGE. OTHER ACCESSORIES ON SITE MAY NOT BE USED FOR HABITATION w/o REVIEWER CHANGE IN USE PERMIT.

Signature of Inspector: _____ Date of Approval: 7-17-13

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Zoning District: (A-1)

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