

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 RECEIVED  
 AUG 26 2013  
 Bayfield Co. Zoning Dept.

Permit #:	13-0080
Date:	9-3-13
Amount Paid:	45.00 - check
Refund:	806.12

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

Owner's Name: Matthew East  
 Address of Property: 8125 Airport Rd  
 City/State/Zip: Port Keshong, WI, 54865  
 Mailing Address: 8125 Airport Rd, Port Keshong, WI 54865  
 City/State/Zip: Port Keshong, WI, 54865  
 Telephone: Cell Phone: 305 972-6747

Contractor: myself  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Contractor Phone: Plumber:  
 Agent Phone: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: SE 1/4, SE 1/4  
 Legal Description: (Use Tax Statement) See Attached  
 PIN: (23 digits) 04-0362-49-09-02-404-000-0000  
 Volume: 958  
 Subdivision: \_\_\_\_\_  
 Recorded Document (i.e. Property Ownership) Pages: 404

Section: 2 Township: H9 N, Range: 9 W  
 Town of: Oriente  
 Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_  
 Lot Size: \_\_\_\_\_ Acreage: 35

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: \_\_\_\_\_ 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
\$12,500	<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"/> Pole Bldg.	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> Gravel	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Garage	<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 <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>2" HT</u> <input type="checkbox"/> Privy (Pit) 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

Making Structure: (If permit being applied for is relevant to it) Length: 54' Width: 36' Height: 12'  
 Proposed Construction: Pole Building Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	with Loft	( )	( )
	with a Porch	( )	( )
	with (2 <sup>nd</sup> ) Deck	( )	( )
	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
	Mobile Home (manufactured date)	( )	( )
	Addition/Alteration (specify)	( )	( )
	Accessory Building (specify)	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )
	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 the above described property and reasonable access for the purpose of inspection.

Owners: Matthew East  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

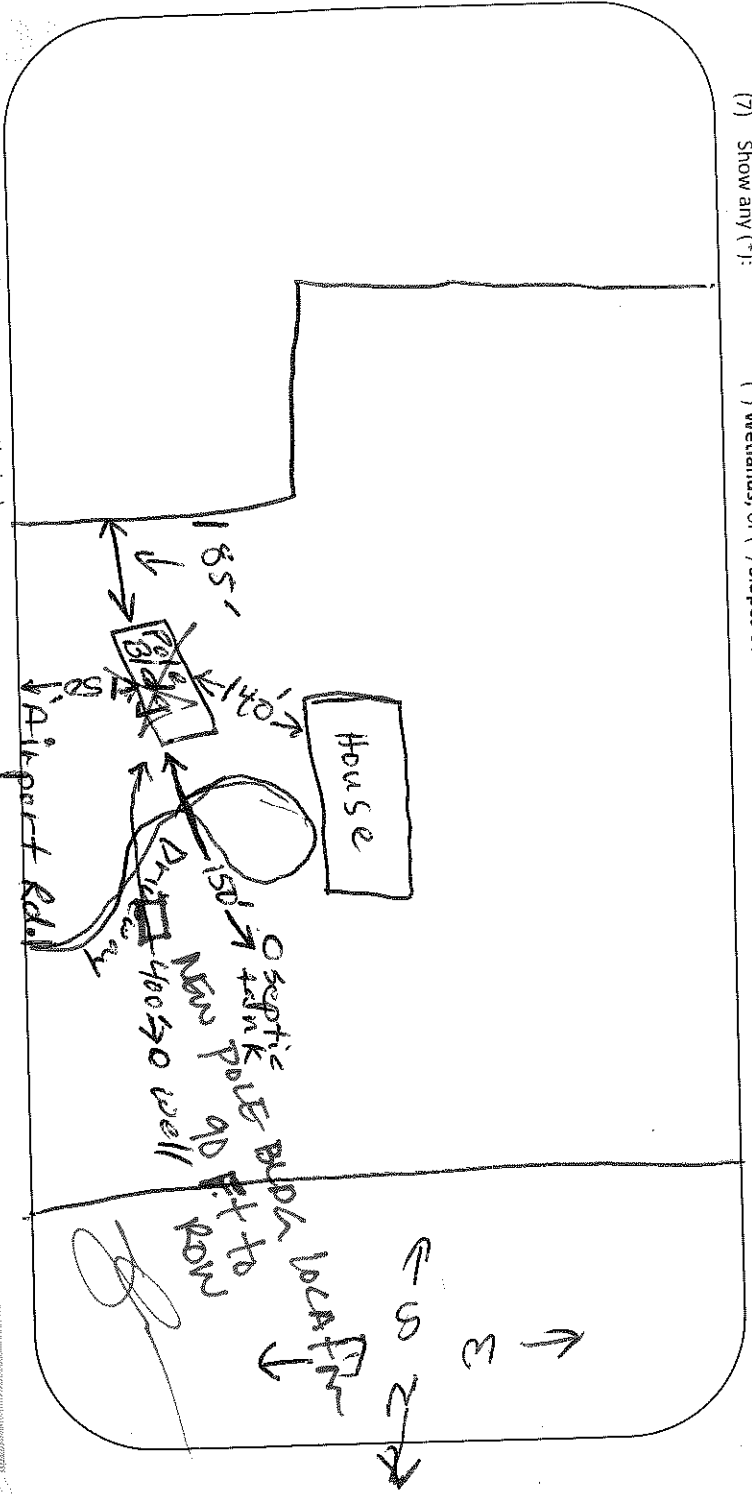
Authorized Agent: \_\_\_\_\_ Date: 8-15-13  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 8125 Airport Rd, Port Keshong, WI 54865  
 Copy of Tax Statement

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/o
- (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	150 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	600 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1105 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1105 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	400 Feet
Setback to Drain Field	Feet		
Setback to Pivy (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.  
 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), Pivy (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: 12-415 HTHT # of bedrooms: 3 Sanitary Date: 4-10-2012  
 Permit Denied (Date): Reason for Denial: 2006.  
 Permit #: 13-08882 Permit Date: 9-3-13  
 Is Parcel a Sub-Standard Lot?  Yes  No  
 Is Parcel in Common Ownership?  Yes  No  
 Is Structure Non-Conforming?  Yes  No  
 Granted by Variance (B.O.A.) Case #: N/A Previously Granted by Variance (B.O.A.)  Yes  No  
 Was Parcel Legally Created?  Yes  No Were Property Lines Represented by Owner?  Yes  No  
 Was Proposed Building Site Delineated?  Yes  No Was Property Surveyed?  Yes  No  
 Inspection Record: WETLANDS LOCATED AT INSITVE SITE FOR BUILDING. OWNER CHANGED LOCATION TO UPLAND LOCATION. WETLANDS ON SITE FOR FALLOW W/ INSPECTION. DATE OF INSPECTION: 8-27-13 INSPECTED BY: J. COMBORN, NUTLEY  
 Condition(s)/Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)  
 NOT TO BE USED FOR HABITATION. GARAGE/PURE BUDA TO BE PLACED IN LOCATION OF OLD MOBILE HOME SINCE REMOVED.  
 Signature of Inspector: \_\_\_\_\_ Date of Approval: 8-30-13  
 Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_