

SUBMIT: COMPLETED APPLICATION, TAX ATTEMPT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
DECEMBER
 Date Submitted: **OCT 11 2012**
 Bayfield Co. Zoning Dept.

Permit #: **12-04306** **ENTERED**
 Date: **10-22-12**
 Amount Paid: **\$300.00**
 Refund: **10/11/12**

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: Donald E. Lehto **Mailing Address:** 72825 Ould Rock Rd, Brule WI 54820 **Telephone:** 715-372-2889
Address of Property: 72825 Ould Rock Rd **City/State/Zip:** Brule WI 54820 **Cell Phone:**
Contractor: Mike Woodhull **Contractor Phone:** **Plumber:** Tony Polkoski **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: NE 1/4, SE 1/4 **Legal Description:** (Use Tax Statement) **Legal Description:** **Lot(s):** **Block(s) No.:** **Subdivisions:**
 NE 1/4, SE 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivisions:
 Section 19, Township 48 N, Range R09 W Town of: Brule **Lot Size:** 40 acres **Acreage:** 40

Recorded Document: (i.e. Property Ownership) **Volume:** 910 **Page(s):** 385

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue → If Yes---continue → **Distance Structure is from Shoreline:** **Distance Structure is from Shoreline:** feet
 Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → **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
\$ 25,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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 type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/ service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) **Length:** 44 **Width:** 28-29 **Height:** 12
Proposed Construction: **Length:** **Width:** **Height:**

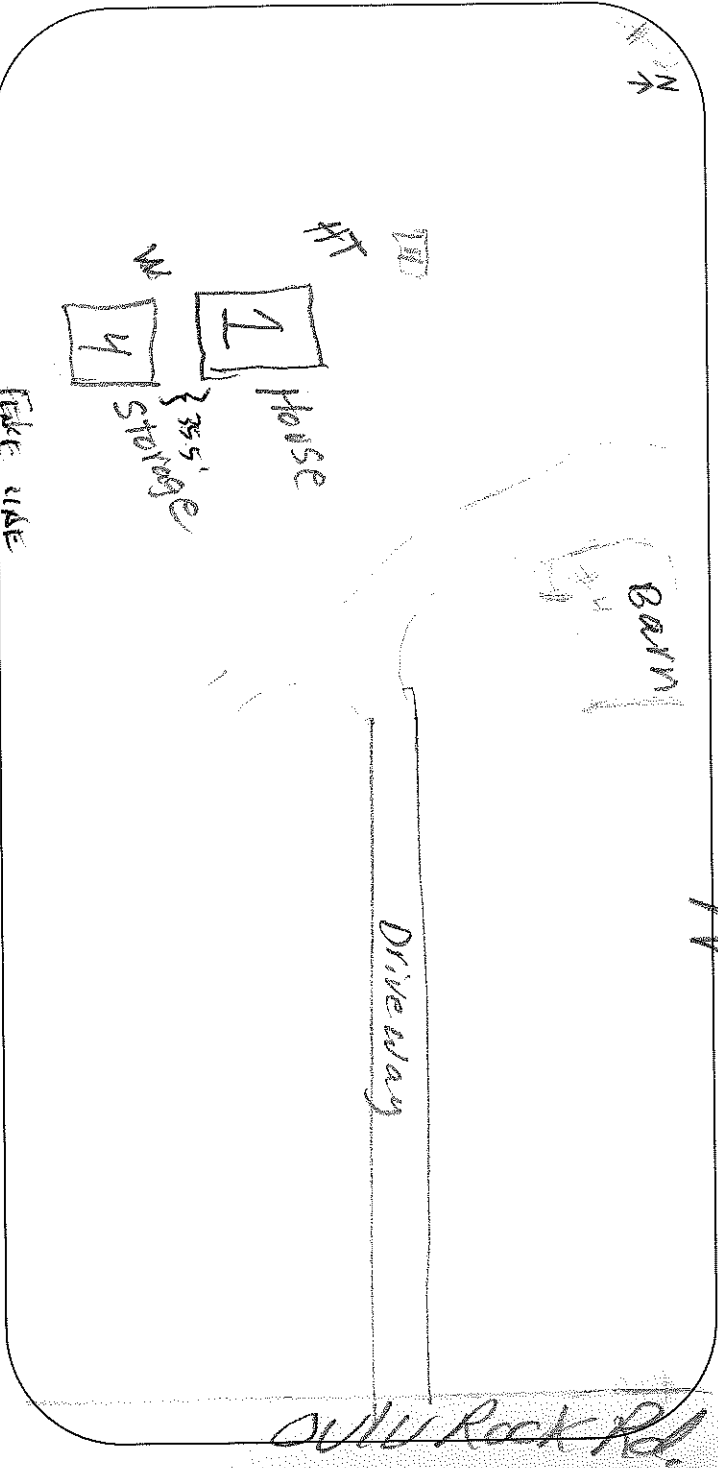
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with Attached Garage	(28 x 44) (X X) (X X) (X X) (X X) (X X)	1776
<input type="checkbox"/> Commercial Use	<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) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() () () () ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> 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 at any reasonable time for the purpose of inspection.
Owner(s): Donald E. Lehto / Norma J. Lehto **Date:** 9-19-12
 (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) **Attach**
Jas Lehtonen 72825 Ould Rock Rd, Brule WI 54820 **Copy of Tax Statement**
ZIG 22130 **APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE** **If you recently purchased the property send your Recorded Deed**

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	4-1000 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	1120 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	175 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	175 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	145 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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: <u>R2-1135</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>5-24-12</u>
Permit Denied (Date):	Reason for Denial:			
Permit #: <u>12-04023</u>	Permit Date: <u>10-22-12</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation 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 #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record	<u>Inspection required. Planning & Zoning has been notified. All setbacks met. No electrical issues.</u>			
Date of inspection: <u>10-19-12</u>	Inspected by: <u>DRC</u>	Zoning District: <u>(A-1)</u>		
<p>Candidate for Town Commission or Board of Supervisors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, how need to be attached)</p> <p><u>A UNIFORM DWELLING CODE (UDC) PERMIT FROM THE LOCALITY COMPLETED AND INSPECTION</u></p> <p><u>KEYS ARE BEING REQUIRED TO REMOVE THE STRUCTURE ON THIS PARCEL</u></p>		Date of Re-Inspection:		
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>5-12</u>			
Hold For Sanitary: <input checked="" type="checkbox"/> <u>K</u>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	