

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  
 AUG 15 2013  
 Bayfield Co Zoning Dept.

Permit #: 13-0878 ENTERED  
 Date: 7-29-13 8:30-13  
 Amount Paid: \$240  
 \$240.00 \$88.15/3  
 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: Paul + Sue Luoma Mailing Address: 5707 Bobb Lane City/State/Zip: Weston, WI 54476 Telephone: 715-841-9190

Address of Property: 82605 White Birch Rd. City/State/Zip: Port Wing, Wis Cell Phone: 715-581-0956

Contractor: Brule River Builders Inc Contractor Phone: 218-348-2207 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: SW 1/4, NW 1/4 Gov't Lot:  Lot(s): 1 CSM: 13428 Vol & Page: 8/1422 Lot(s) No.:  Block(s) No.:  Subdivision:  Recorded Document: (i.e. Property Ownership) Volume: 975 Page(s): 1791

Section: 33, Township: 50 N, Range: 8 W Town or: Port Wing Lot Size:  Acreage: 0.690

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
\$ <u>80,000</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 type="checkbox"/> 1-Story <input checked="" 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 checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u></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

Existing Structure: (if permit being applied for is relevant to it) Length: 410 ft. Width: 26 ft. Height: 1 story

Proposed Construction: Length:  Width:  Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( <u></u> x <u></u> )	<u>720</u>
	Residence (i.e. cabin, hunting shack, etc.)	( <u></u> x <u></u> )	<u></u>
	with Loft	( <u></u> x <u></u> )	<u></u>
	with a Porch	( <u></u> x <u></u> )	<u></u>
	with (2 <sup>nd</sup> ) Deck	( <u></u> x <u></u> )	<u></u>
	with (2 <sup>nd</sup> ) Deck	( <u></u> x <u></u> )	<u></u>
<input type="checkbox"/> Commercial Use	with Attached Garage	( <u>26</u> x <u>30</u> )	<u>780</u>
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u></u> x <u></u> )	<u></u>
	Mobile Home (manufactured date)	( <u></u> x <u></u> )	<u></u>
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>ADD ATTACHED GARAGE TO HOME 26 X 30</u>	( <u></u> x <u></u> )	<u>780</u>
	Accessory Building (specify)	( <u></u> x <u></u> )	<u></u>
	Accessory Building Addition/Alteration (specify)	( <u></u> x <u></u> )	<u></u>
	Special Use: (explain)	( <u></u> x <u></u> )	<u></u>
	Conditional Use: (explain)	( <u></u> x <u></u> )	<u></u>
	Other: (explain)	( <u></u> x <u></u> )	<u></u>

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: Paul + Sue Luoma Date: 7-21-13  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

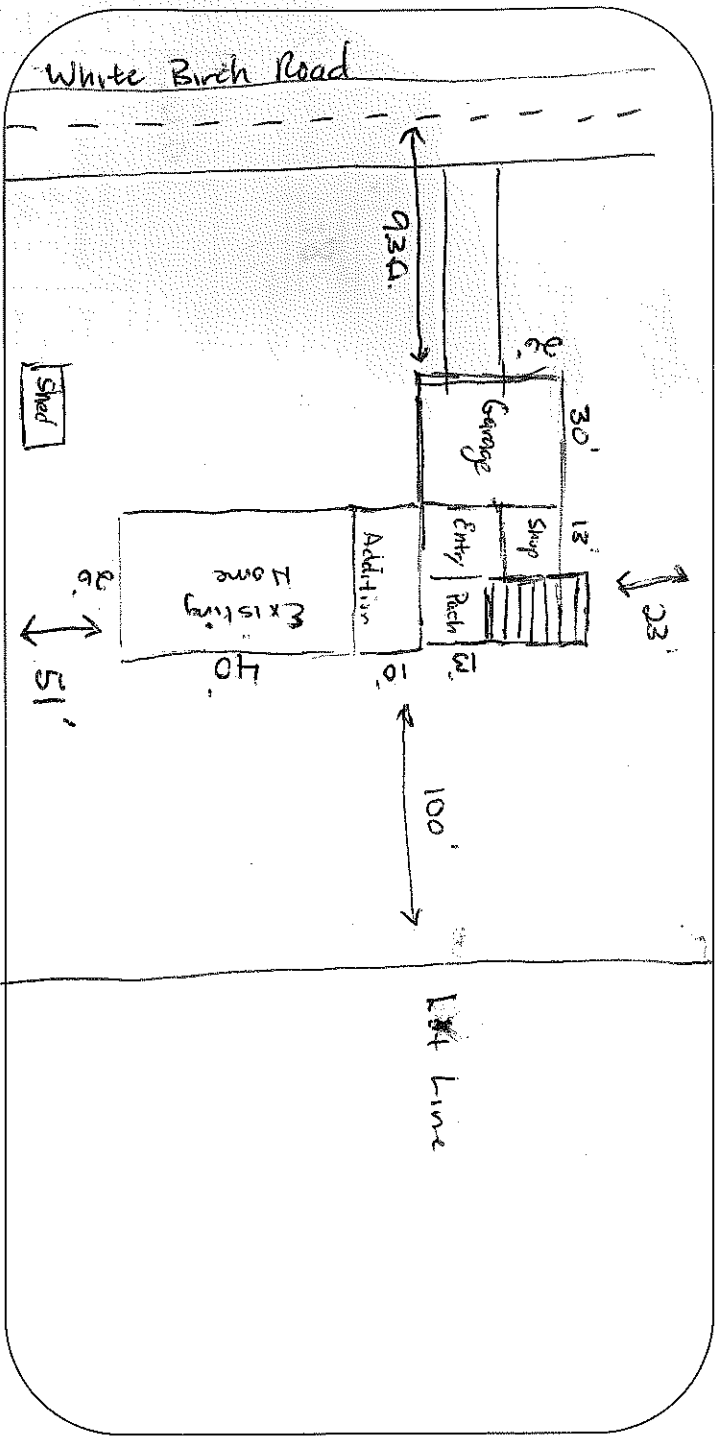
Authorized Agent: Kate Clemons Date:   
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Kate Clemons - 4496 So City Rd H Brule, Wis. Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: 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 (\*): 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 any (\*): (\*) 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)

(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	93	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
Setback from the North Lot Line	51	Setback from the Bank or Bluff	
Setback from the South Lot Line	23	Setback from Wetland	
Setback from the West Lot Line	100	Setback from 20% Slope Area	
Setback from the East Lot Line	80	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	City Sewer	Setback to Well	City Water
Setback to Drain Field	Feet	Feet	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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number: <u>Municipal</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____		
Permit #: <u>13-02978</u>	Permit Date: <u>8-30-13</u>		
Is Parcel a Sub-Standard lot <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel In Common Ownership <input checked="" type="checkbox"/> Yes (Deed of Record) <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	Granted by Variance (B.O.A.) <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	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <u>M/A</u>	Were Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>M/A</u>
Was Proposed Building Site Delineated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>Building site not staked. Took proposed addition measurements from EXISTING home.</u>	Inspected by: <u>J. Crechore-Murphy</u>	Zoning District: <u>(R-1)</u>	Date of Re-Inspection: <u>N/A</u>
Date of Inspection: <u>8-27-13</u>	Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)	Lakes Classification (M/A)	
<p><u>AN REQUIRED SETBACKS SHALL BE MET. CONTACT UNIFORM DWELLING CODE INSPECTOR TO INQUIRE WHETHER A PERMIT FOR THE ADDITION IS WARRANTED.</u></p>			
Signature of Inspector: _____	Date of Approval: <u>8-30-13</u>		
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____