

**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 PERMITS DIVISION**  
 Date Stamp (received)  
**SEP 17 2012**  
 Bayfield Co. Zoning Dept.

Permit #: **18-0375**  
 Date: **9-19-12**  
 Amount Paid: **\$75.00**  
 Refund: **9/17/12**



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

Owner's Name: **Michael Barant** Mailing Address: **90205 Old Co Hwy K Bayfield WI 54811** Telephone: **715-774-3693**

Address of Property: **90205 Old Co Hwy K** City/State/Zip: **Bayfield WI 54811** Cell Phone:

Contractor: \_\_\_\_\_ 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: **SE 1/4, SE 1/4 NE of NW 23** Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section **23**, Township **S1** N, Range **4** W Town of **Kossuth**

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

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet Are Wetlands Present?  Yes  No

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes---continue

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

Value at Time of Completion \* include donated time & material: **\$ 1000.00**

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
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>AT</b>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: **12'** Width: **56'** Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
	Residence (i.e. cabin, hunting shack, etc.) with Loft	( ) X ( )	( )
	with a Porch with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
	with a Deck with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/> Commercial Use	Bunhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	( )
	Mobile Home (manufactured date)	( ) X ( )	( )
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <b>LEAN TO</b>	( <b>18</b> X <b>510</b> )	( <b>672</b> )
	Accessory Building (specify) _____	( ) X ( )	( )
	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	( )
	Special Use: (explain) _____	( ) X ( )	( )
	Conditional Use: (explain) _____	( ) X ( )	( )
	Other: (explain) _____	( ) X ( )	( )

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): **Michael Barant** Date: **9-12-12**

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

**Read for Assurances** (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach Copy of Tax Statement

Address to send permit: **90205 Old Co Hwy K Bayfield WI 54811** If you recently purchased the property send your Recorded Deed

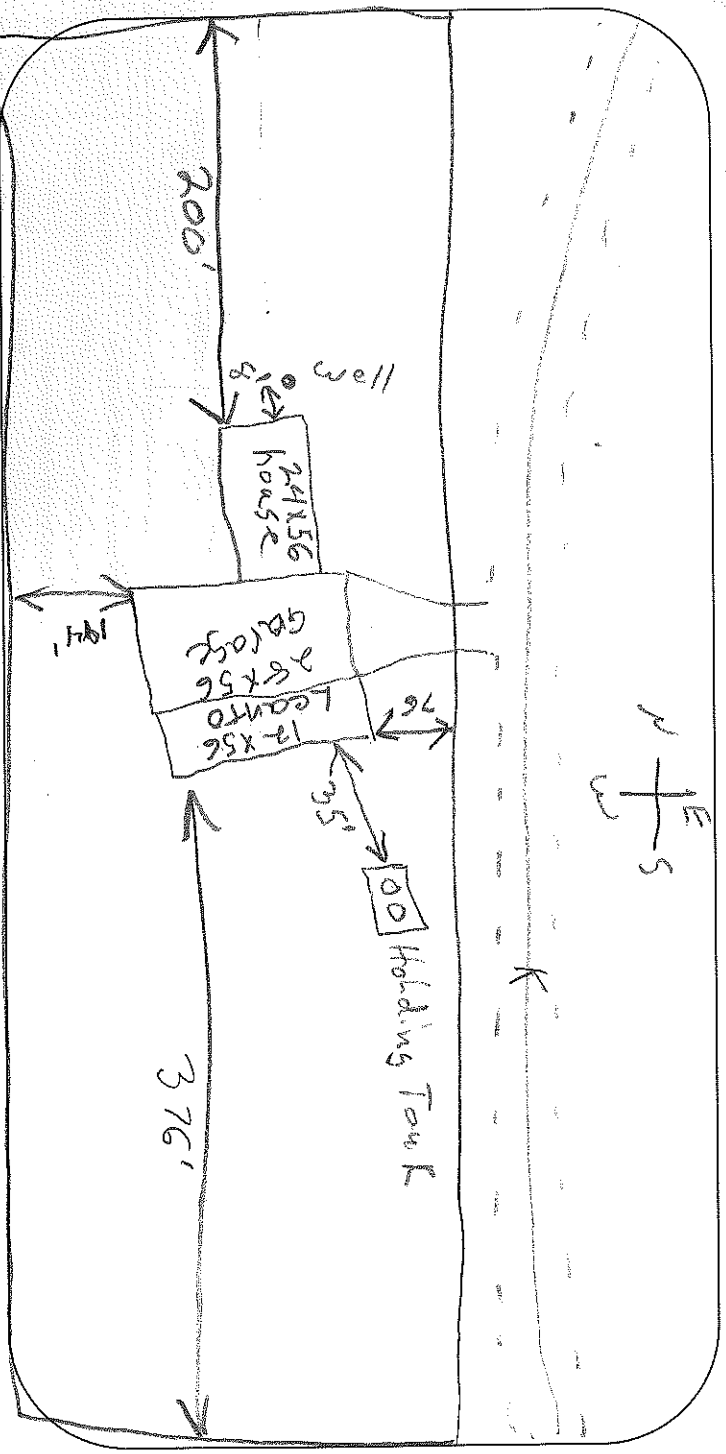
Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NEW

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)

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	200' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	125' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	284' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	376' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	194' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	76' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	35' Feet	Setback to Well	80' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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: <i>4282</i>	# of bedrooms: _____	Sanitary Permit: <i>2024</i>
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <i>9-19-12</i>		
Permit #: <i>1A-0375</i>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> Yes	<i>K</i> / <i>No</i> <i>K</i> / <i>No</i> <i>K</i> / <i>No</i>	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>K</i> / <i>No</i> <i>K</i> / <i>No</i>
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: <i>PAVED WALKWAY AS REPRESENTED BY OWNER APPEARS TO MEET</i>		Zoning District Lakes Classification: ( - )	<i>(F-1)</i>	
Date of Inspection: <i>9-19-12</i>	Inspected by: <i>DKC</i>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: <i>[Signature]</i>		Date of Approval: <i>9-19-12</i>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	