

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

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY ENGINEERING  
 Date Stamp (received)  
 MAR 28 2012  
 Bayfield Co. Zoning Dept.

Permit #:	12-0445
Date:	11-7-12
Amount Paid:	\$75.00
Refund:	ENTERED 3/29/12

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/ass)

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

Owner's Name: Jill Lorenz and Rodd Falconer Mailing Address: 79020 Big Rock Rd Washburn, WI 54891 Telephone: 715.373.5908

Address of Property: 91075 Old County K City/State/Zip: Town of Russell, WI 54814 Cell Phone: \_\_\_\_\_

Contractor: DJWEN 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: Section 14, Township 51 N, Range 04 W Town of: Russell

Legal Description: (Use Tax Statement) Pin: (23 digits) 04-046-2-51-04-14-4 03-000-3000 Volume: 1058 Page(s): 24

Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot Size \_\_\_\_\_ Average \_\_\_\_\_

Shoreland →  Non-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: 75, 25' feet

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
\$ <u>22,000</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"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<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 <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 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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: See Attached Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: 32'

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> ) Porch	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with Attached Garage	( ) ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
	Addition/Alteration (specify) <u>alter roof line add porch to west stoop</u>	( <u>22</u> ) ( <u>8</u> )	( <u>1139</u> )
	Accessory Building (specify) <u>non-habitable</u>	( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
<input type="checkbox"/> Municipal Use	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 at any reasonable time for the purpose of inspection.

Owner(s): Jill Lorenz Date: 03.28.12  
 (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)

Record for Issuance: NOV 7 2012 Attach Copy of Tax Statement  
 Secretarial Staff APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
 Secretarial Staff THESE IS A SYSTEM AND PROPERTY - ~~NO~~ 10 2009

Property (regardless of what you are applying for)

- Proposed Construction
- (\*) North (N) on Plot Plan
  - (\*) Frontage Road (Name Frontage Road)
  - (\*) Driveway and (\*) Structures on your Property
  - (\*) Well (W); (\*) Stream/Creek; or (\*) Pond
  - (\*) Lake; (\*) River; (\*) Slopes over 20%
  - (\*) Wetlands; or (\*) Slopes over 20%
- Location of (\*):
- Show any (\*):
- Show any (\*):

see attached drawing and aerial

NOTE - THE ROOF STRUCTURE WILL BE 876 FT<sup>2</sup> ± COVER THE POOL & SHOP ELEVATORS.

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	90' 4" Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	6' 11" Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	7' 8" Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	14' 6" Feet	Setback from 20% Slope Area	
Setback from the East Lot Line	90' 4" Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field	N/A Feet		
Setback to Privy (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 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.

Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Permit Denied (Date): \_\_\_\_\_ Permit Date: 1-7-12

**Issuance Information (County Use Only)**

Permit #: 12-0445

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

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

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No

Case #: \_\_\_\_\_

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Inspected by: J.C. O'NEILL

Date of Re-Inspection: \_\_\_\_\_

Inspected by: J.C. O'NEILL

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: REVISIONS TO ADD CHANGING ROOMS TO BE LOCATED INSIDE OF COLLECTORS ARE NO LONGER TO BE LOCATED OUTSIDE OF COLLECTORS

Conditions: TOWN, COMMITTEE or Board Conditions Attached?  Yes  No

Signature of Inspector: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

Date of Approval: 1-11-12

© January 2012

REVISIONS ARE BEING UPD ON THE FUTURE PROPERTY LINES.