

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
 JUN 05 2013

Permit #:	13-0056
Date:	8-1-13
Amount Paid:	SEE SDD APP.
Refund:	

ENTERED

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.

Bayfield Co. Zoning Dept. HOW TO 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: AMERLENE BASINA Mailing Address: PO BOX 651 City/State/Zip: BAYFIELD WI 54815 Telephone: 715-779-5309
BUFFALO BAY STORE City/State/Zip: BAYFIELD WI 54815 Contractor Phone: Plumber: Plumber Phone: _____
 Address of Property: 37360 STA 13 Authorized Agent: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: NE 1/4, NW 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Lot Size _____ Acreage 3.37

Section 31, Township 57 N, Range 3 W Town of: RUSSELL

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: _____ feet Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue → Distance Structure is from Shoreline: _____ feet 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>\$</u> <i>NA</i>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<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 type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)
 Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/>	with Loft	()	()
<input checked="" type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	with (2 nd) Porch	()	()
<input type="checkbox"/>	with a Deck	()	()
<input checked="" type="checkbox"/>	with (2 nd) Deck	()	()
<input checked="" type="checkbox"/>	with Attached Garage	()	()
<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"/>	Other: (explain) _____	()	()
<input checked="" type="checkbox"/>	Special Use: (explain) <u>AH. Development</u>	()	()
<input type="checkbox"/>	Conditional Use: (explain) _____	()	()
<input type="checkbox"/>	Other: (explain) _____	()	()

ADG 01 2013
 Signature of Special Staff
 Date: 060513

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) further accept liability which I (we) declare to be true, correct and complete. I (we) further acknowledge that 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.

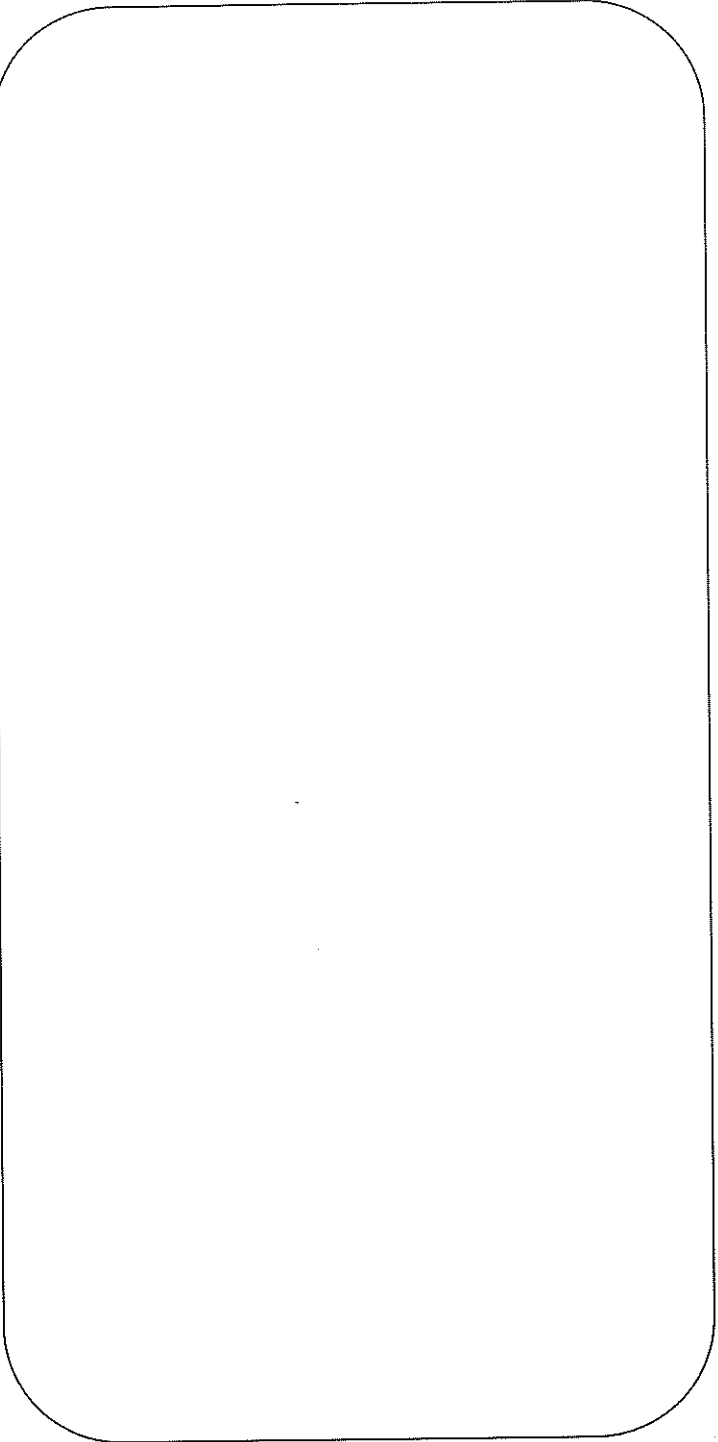
* Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application (if there are multiple Owners listed on the Deed)

Authorized Agent: [Signature] Address to send permit: BUSARD BAY STORE
P.O. BOX 651 BAYFIELD WISCONSIN
 If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.
 If you recently purchased the property send your Recorded Deed

Copy of Tax Statement
 Attach

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 (*): (*) 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	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

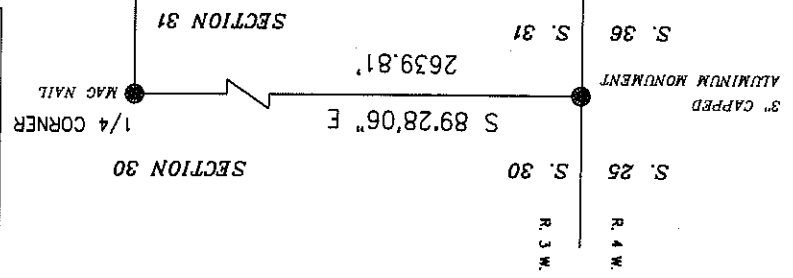
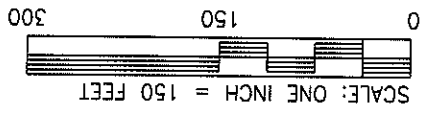
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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).

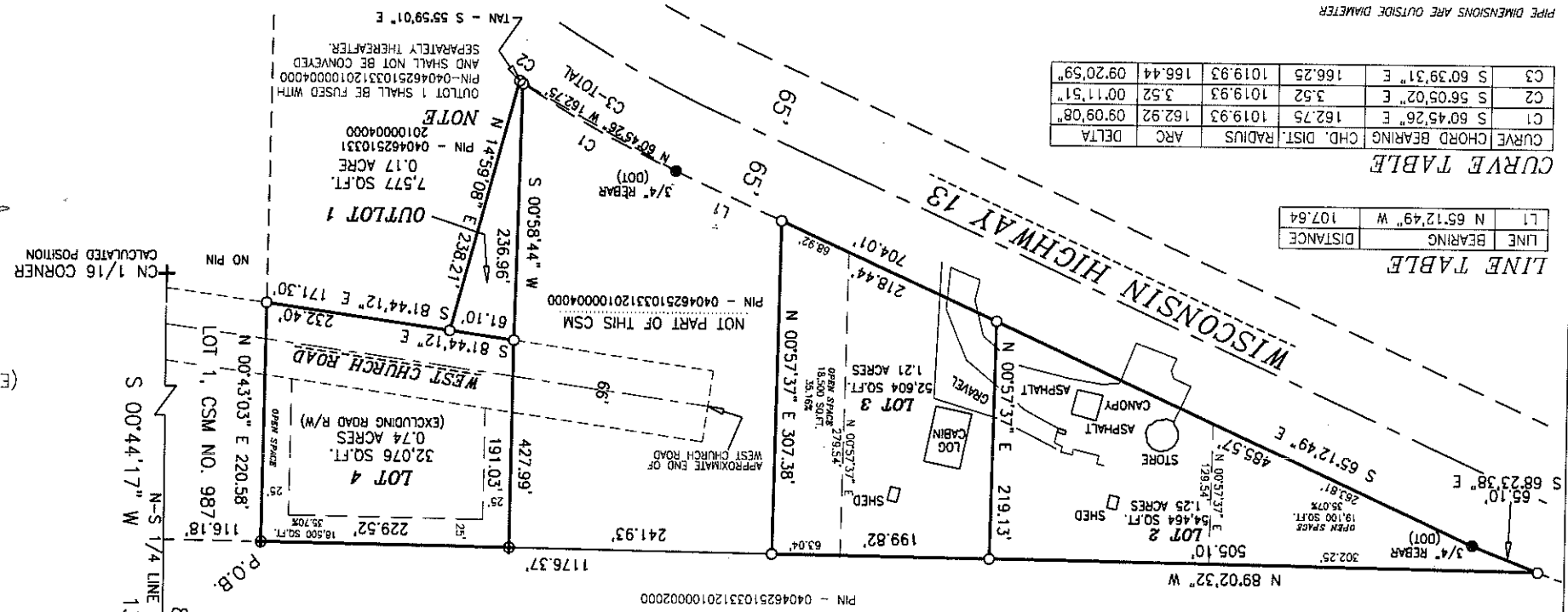
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: <u>13-00006</u>	Permit Date: <u>8-1-13</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" 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 Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit 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 #: <u>NA</u>	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>NA</u>	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record:	<u>No Billing</u>				
Date of Inspection: <u>7/17/2013</u>	Inspected by: <u>Robert Skirwan</u>	Zoning District: <u>(R2B)</u>		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector: <u>[Signature]</u>	Date of Approval: <u>7/50/2015</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"/>		

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO.
 R. 3 W., IN THE TOWN OF RUSSELL, BAYFIELD COUNTY, WISCONSIN
 LOCATED IN THE NE 1/4 OF THE NW 1/4 OF SECTION 31, T. 51 N.,



BEARINGS ARE BASED ON THE NORTH LINE OF THE NW 1/4 OF SECTION 31 ASSUMED AS S 89°28'38" E



LINE TABLE

LINE	BEARING	DISTANCE
L1	N 65°12'49" W	107.64

CURVE TABLE

CURVE	CHD. BEARING	ARC RADIUS	CHD. DIST.	RADIUS	ARC	DELTA
C1	S 60°45'26" E	162.75	1019.93	162.92	09°09'08"	
C2	S 56°05'02" E	3.52	1019.93	3.52	00°11'51"	
C3	S 60°39'31" E	166.25	1019.93	166.44	09°20'59"	

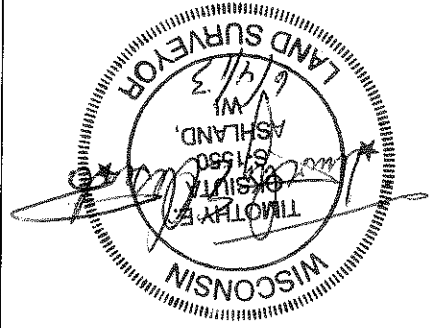
PIPE DIMENSIONS ARE OUTSIDE DIAMETER

LEGEND
 ● MONUMENT, AS NOTED, FOUND IN PLACE
 ○ 1" X 18" IRON PIPE, WEIGHING 1.13 LB/FT.
 SET THIS SURVEY

CLIENT: BASINA, L.
 JOB NO.: N06/150
 SCALE: ONE INCH = 150 FEET
 MARCH 29, 2013

DRAFTED BY: T.E.O.
 PS/DATA/BASINA ACAD/BASINA SOUTH
 FILE: N/T51NR3W/SEC31
 NR. 351 PG. 37
 SHEET 1 OF 2 SHEETS

NELSON SURVEYING INCORPORATED
 SURVEYING NORTHERN WISCONSIN SINCE 1864
 101 W. MAIN STREET
 SUITE 100
 ASHLAND, WISCONSIN 54806
 FAX: (715) 682-5100
 (715) 682-2692



TOTAL AREA
 146,721 SQ. FT.
 3.37 ACRES
 (EXCLUDING ROAD RIGHT OF WAY)

