

**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**  
 Date Stamp (Received)  
 OCT 14 2013  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #:  
 Date:

13-0365  
 10-17-13  
 \$185  
 10-15-13  
 Refund:

\$125.00

**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: NICHENOV FERRY LINES, Inc Mailing Address: P.O. Box 1288 City/State/Zip: BAYFIELD, WI 54814 Telephone: 715-779-0231

Address of Property: Bayfield / WI 54814 City/State/Zip: BAYFIELD, WI 54814 Cell Phone: 715-209-0993

Contractor: Plumber: \_\_\_\_\_ 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** Legal Description: (Use Tax Statement) NE 1/4, NE 1/4 P1N1 (23 digits) 04-046-2-51-04-26-1 01-000-20 00 0 Recorded Document: (i.e. Property Ownership) Volume 1053 Page(s) 551

NE 1/4, NE 1/4 Gov't Lot 1 CSM 1254 Vol & Page 7 & 390 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivisions: \_\_\_\_\_

Section 26, Township S1 N, Range 4 W Town of: RUSSELL Lot Size 1.29 Acreage 1.29

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

Non-Shoreland

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>12,000</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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>_____</u> <input type="checkbox"/> Privy (Pri) or 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 type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 100 Width: 40 Height: 30  
 Proposed Construction: Length: 100 Width: 32 Height: 6 X2

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( X )	
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/> Residential Use	with Loft	( X )	
<input type="checkbox"/> Residential Use	with a Porch	( X )	
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( X )	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u>_____</u>	( X )	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>open shed roof on W &amp; E side</u>	( 100 X 32 )	6400
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>_____</u>	( X )	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) <u>_____</u>	( X )	
Rec'd for Issuance	Special Use: (explain) <u>_____</u>	( X )	
<u>OCT 17 2013</u>	Conditional Use: (explain) <u>_____</u>	( X )	
Secretarial Staff	Other: (explain) <u>_____</u>	( 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): [Signature] Date 10/14/2013  
 (If there are Multiple Owners listed on the deed, All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: [Signature] Date \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Attach   
 Address to send permit P.O. Box 1282, Bayfield, WI 54814 Copy of Tax Statement   
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

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)

(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	84 Feet	Setback from the Lake (ordinary high-water mark)	n/a Feet
Setback from the Established Right-of-Way	57 Feet	Setback from the River, Stream, Creek	n/a Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	n/a Feet
Setback from the South Lot Line	32 Feet	Setback from Wetland	n/a Feet
Setback from the West Lot Line	51 Feet	Setback from 20% Slope Area	n/a Feet
Setback from the East Lot Line	96 Feet	Elevation of Floodplain	n/a Feet
Setback to Septic Tank or Holding Tank	n/a 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 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>13-0365</b>	Permit Date: <b>10-17-13</b>			
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <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	Case #: <b>N/A</b>	
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <b>N/A</b>	Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CSMA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ADDITION TO EXISTING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Inspection Record:				
Date of Inspection: <b>10-15-13</b>	Inspected by: <b>J. Schroeder, MURP</b>	Zoning District: <b>(C-1)</b>	Lakes Classification: <b>(N/A)</b>	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.)				
<b>Rudic RPT APPROVED FOR HUMAN HABITATION.</b>				
Signature of Inspector:				Date of Approval: <b>10-16-13</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For 28A: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	