

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
 SEP 12 2012
 Date Stamp (Received)
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 12-0878
 Date: 9-20-12
 Amount Paid: \$759.20
 Refund: 141

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: Richard And Mailing Address: 2 E Bayfield St Washburn WI 54891 Telephone: 7153732889

Address of Property: 29635 City Hwy Co City/State/Zip: Washburn WI 54891 Cell Phone: _____

Contractor: _____ 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: 1/4, 1/4 Gov't Lot: _____ Lot(s): 1 CSM: 1671 Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

Section: 35, Township: 49 N, Range 5 W Town of: Washburn Lot Size: _____ Acreage: 10

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>22000</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 checked="" 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>MOUND</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: 10' Width: 8' Height: 7'

Proposed Construction: Length: _____ Width: _____ Height: _____

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 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	() ()	()
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify) <u>shed roof 8x10</u>	(<u>8</u> X <u>10</u>)	<u>80</u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special User: (explain)	() ()	()
	Conditional User: (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 a reasonable time for the purpose of inspection.

Owner(s): Richard And 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)

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance SEP 20 2012 Copy of Tax Statement Attach

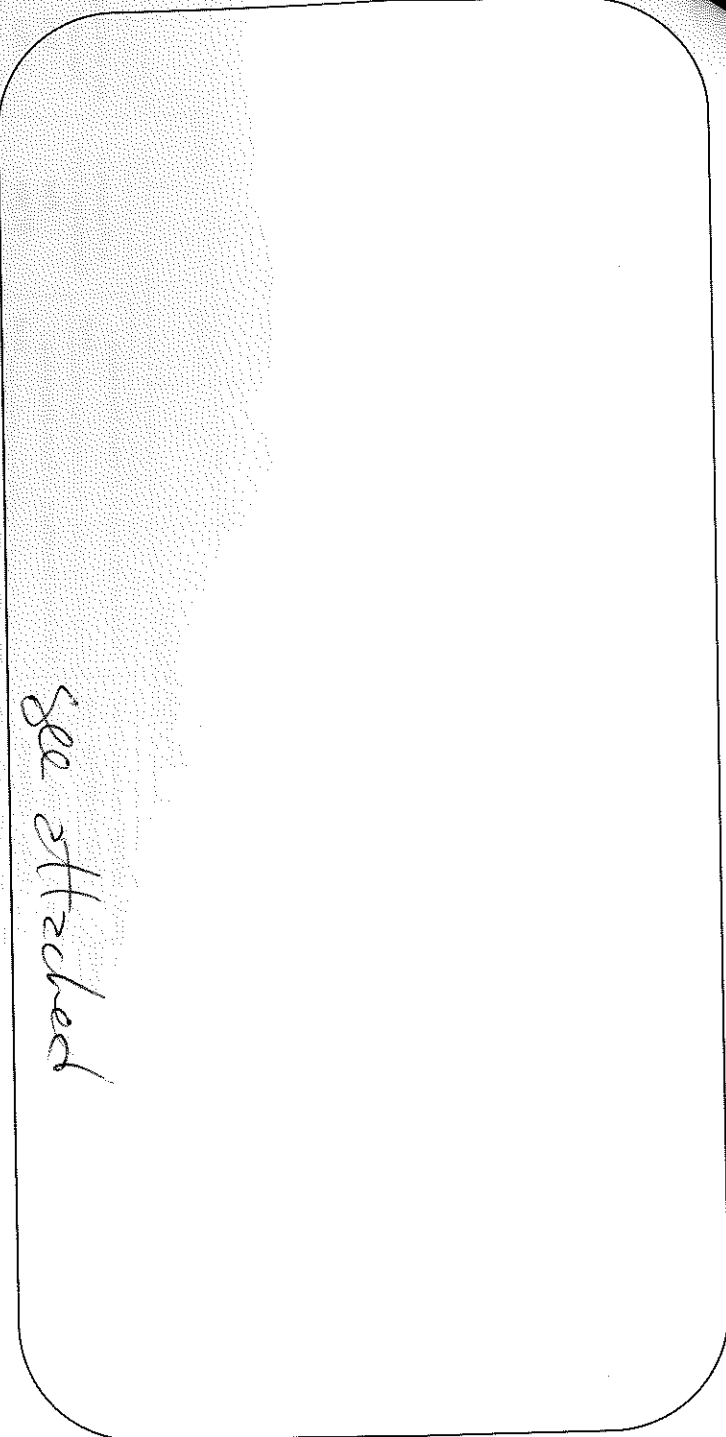
Address to send permit _____ If you recently purchased the property send your Recorded Deed

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
- (1) Show / Indicate:
 - (2) Show Location of (*):
 - (3) Show: North (N) on Plot Plan
 - (4) Show: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (5) Show: All Existing Structures on Your Property
 - (6) Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (7) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) 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	42' E	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	91'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	91'	Setback from Wetland	Feet
Setback from the West Lot Line	95'	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	300'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	Feet
Setback to Drain Field	175'	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 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: 161940 # of bedrooms: 1 Sanitary Date: 11/28

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0378 Permit Date: 9-20-12

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes (Deed of Record) No
 Is Structure Non-Conforming Yes (Fused/contiguous lots) No

Granted by Variance (B.O.A.) Yes No Case #: _____ Previously granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No
 Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Inspection Record: ADDITIONAL ADDITION AS REQUESTED WORKERS TO BE ONE CONTRACT
2 Layout by Re. 12/10/12 Rats Garbage kitchen 1250 ft
 Date of Inspection: 9-21-12 Inspected by: DR
 Zoning District: (A)
 Lakes Classification: (-)

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)
 Date of Re-Inspection: _____

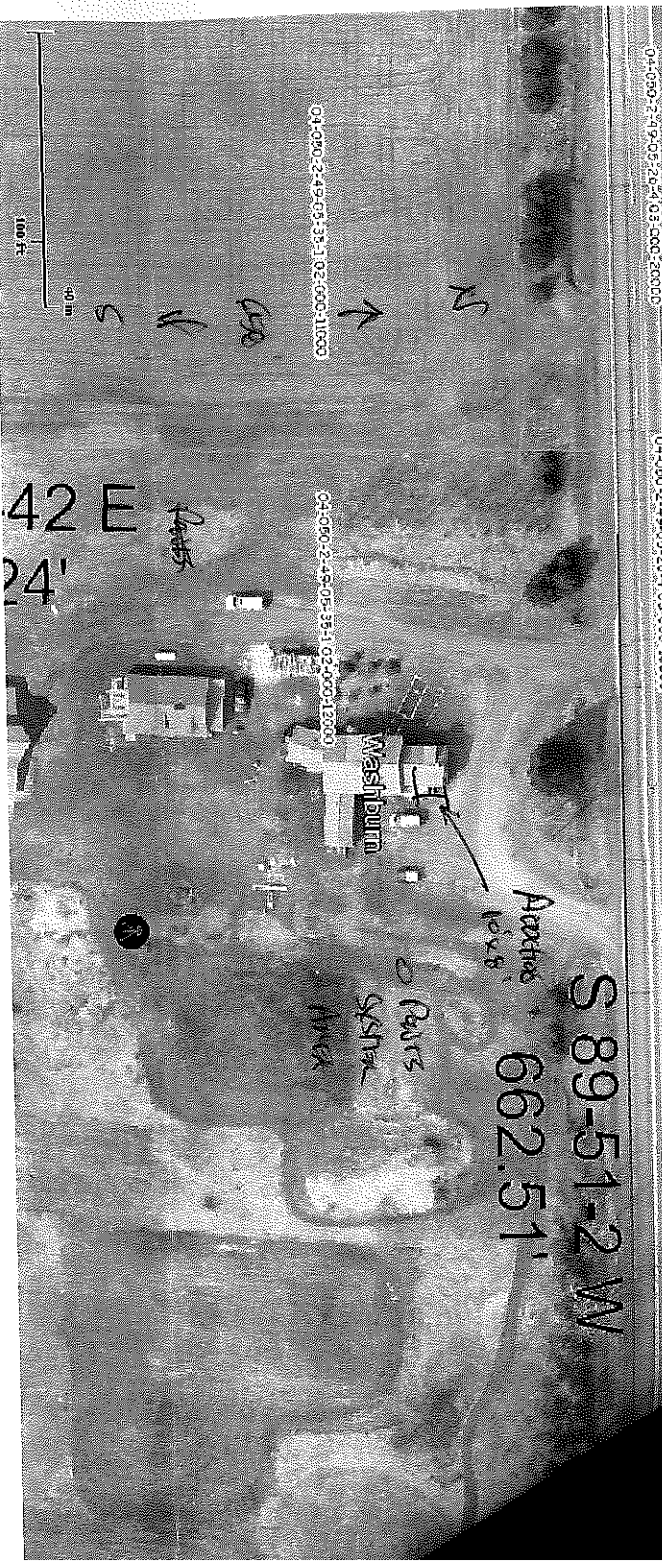
Signature of Inspector: [Signature] Date of Approval: 9-11-12
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

Avol Permit

04-000-2-49-05-20-4-03-000-20000

04-000-2-49-05-20-4-03-000-10000

COUNTY HWY 6



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← 662' →
ASB

NOTE: KNOTTED DIPS NOT EXACTLY AS FOLLOWS THE E OF CHKA ON THE PLOTS