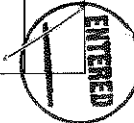


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN
 Date Stamp (received)
 MAY 22 2013
 Bayfield Co. Zoning Dept.

Permit #: 13-016
 Date: 6-4-13
 Amount Paid: \$90
 Refund: 500-13



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: Carolyn A. Grove Mailing Address: _____ City/State/Zip: _____ Telephone: 715-373-0574

Address of Property: 73445 Andrews Rd. City/State/Zip: Washburn, WI 54891 Cell Phone: _____

Contractor: Don TIRKA 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: NE 1/4, SW 1/4 Gov't Lot: _____ Lots: _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____

Section: 16, Township: 48 N, Range: 5 W Town of: Washburn Lot Size: _____ Acreage: 2.0

Legal Description: (Use Tax Statement) 04-05024805 1630100010000 PIN: (23 digits) _____

Recorded Document: (i.e. Property Ownership) Volume: 756 Page(s): 162

Subdivision: _____

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: 50 feet

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

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>30,000</u>	<input checked="" 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 checked="" type="checkbox"/> Addition/Alteration	<input 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"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SI</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 30 Width: 56 Height: _____

Proposed Construction: Length: 9.5 Width: 26 Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	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"/>	Residential Use with a Porch	() ()	()
<input type="checkbox"/>	with (2 nd) Porch	() ()	()
<input type="checkbox"/>	with a Deck	() ()	()
<input type="checkbox"/>	with (2 nd) Deck	() ()	()
<input type="checkbox"/>	with Attached Garage	() ()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	()
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Sun Room</u>	(<u>9.5</u>) (<u>26</u>)	(<u>247</u>)
<input type="checkbox"/>	Accessory Building (specify) _____	() ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() ()	()
<input type="checkbox"/>	Special Use: (explain) _____	() ()	()
<input type="checkbox"/>	Conditional Use: (explain) _____	() ()	()
<input type="checkbox"/>	Other: (explain) _____	() ()	()

Rec'd for Issuance: JUN 04 2013

Secretary of State: _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the 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): Carolyn A. Grove Date: 5/22/13

(If there are Multiple Owners listed on the Deed All Owners must sign or letters(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)

Address to send permit: _____ Attach _____

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 any (*): **(* 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%**

See Attached

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	1085 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	1052 Feet	Setback from the River, Stream, Creek <i>N/A</i>	50 Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	650 Feet	Setback from Wetland	
Setback from the West Lot Line	180 Feet	Setback from 20% Slope Area	<i>N/A</i>
Setback from the East Lot Line	1085 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	750 Feet	Setback to Well	25 Feet
Setback to Drain Field	750 Feet		
Setback to Privy (Portable, Composting)	<i>N/A</i> 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.

Issuance Information (County Use Only)		Sanitary Number: <i>N/A</i>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <i>13-0116</i>	Permit Date: <i>6-4-13</i>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation 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 #: <i>N/A</i>	Previously Granted by Variance (B.O.A.)	Case #: <i>N/A</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:	<i>Site is setback represented by owner appears to identify Code compliant location. LD ok to issue</i>			
Date of Inspection: <i>5/29/2013</i>	Inspected by: <i>Robert Schirman</i>	Zoning District: <i>(A51)</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: 	Date of Approval: <i>6/3/2013</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"/> _____	

ield County, WI

