

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEES 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)  
 JUN 12 2013  
 Bayfield Co. Zoning Dept.

Permit #: 13-0143  
 Date: 6-17-13  
 Amount Paid: \$75 6-18-13  
 Returned:   
 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.

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: Joyce Zirko  
 Address of Property: 29350 Cty Hwy C  
 City/State/Zip: WASHBURN WI 54891  
 Mailing Address: 27545 S Maple Hill WASHBURN WI, 54891  
 City/State/Zip: WASHBURN WI, 54891  
 Telephone: 715/373-2441  
 Cell Phone:   
 Contractor: Self  
 Contractor Phone:   
 Plumber:   
 Authorized Agent: Self  
 Agent Phone:   
 Agent Mailing Address (include City/State/Zip):   
 Written Authorization Attached  Yes  No

PROJECT LOCATION: SE 1/4, SW 1/4  
 Legal Description: (Use Tax Statement) Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_  
 Section 26, Township 49N, N. Range 05, W. Town of: WASHBURN

Recorded Document (i.e. Property Ownership) Volume 442 Page(s) 185  
 Subdivision: \_\_\_\_\_  
 Lot Size \_\_\_\_\_ Acreage 30

Non-Shoreland

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/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
\$ 15,500	<input checked="" type="checkbox"/> New Construction <input 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 type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input checked="" type="checkbox"/> GARAGE <input type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" 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 checked="" 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: 32' Width: 24' Height: 15'

Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) ( )	( )
	with a Porch	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	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)	( ) ( )	( )
	Accessory Building (specify) Garage/Shed	( 24 X 32 )	768
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
	Special Use: (explain)	( ) ( )	( )
	Conditional Use: (explain)	( ) ( )	( )
	Other: (explain)	( ) ( )	( )

JUN 17 2013

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) may be held liable for any errors, omissions, or inaccuracies 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 assessed by the 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.

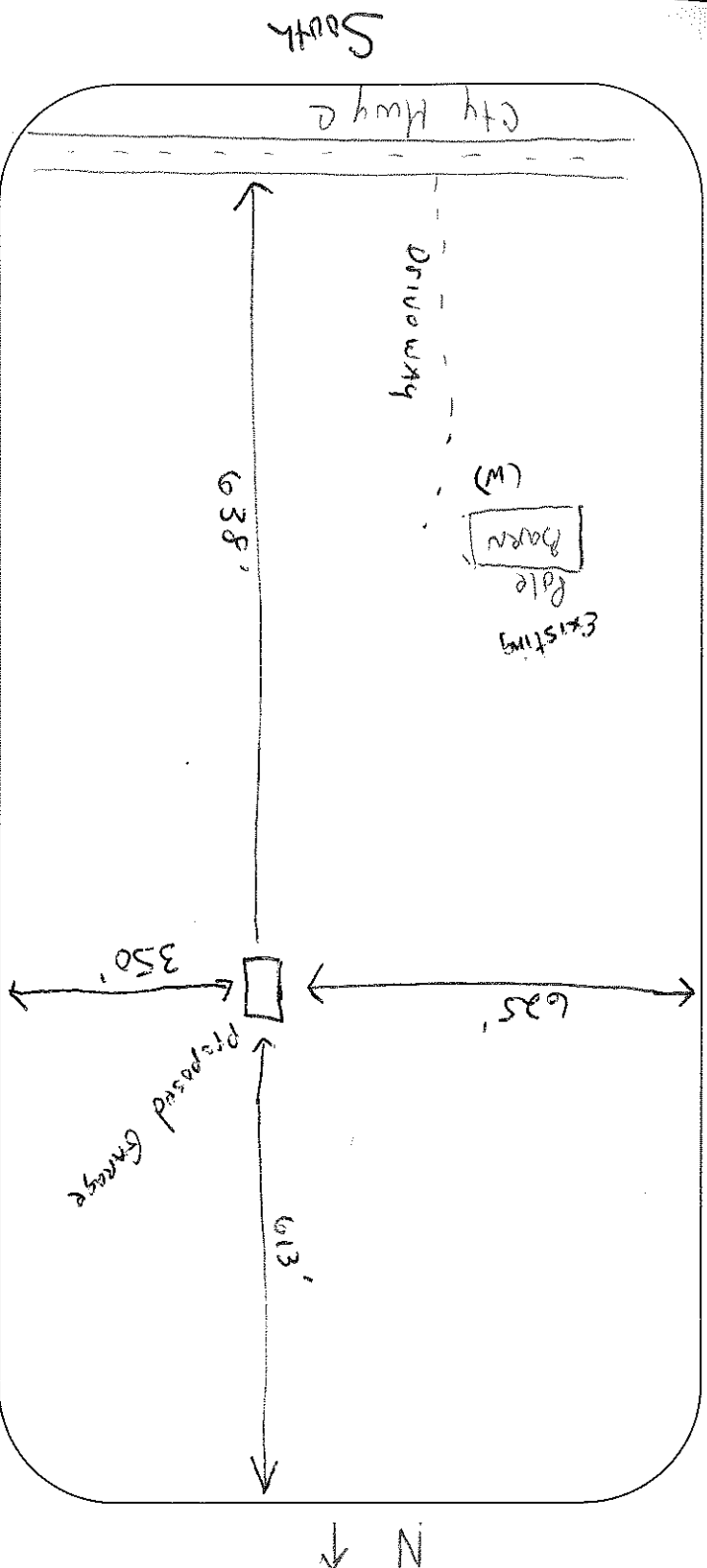
Owners: Joyce W Zirko  
 (If there are Multiple Owners listed on the deed all Owners must sign or letter(s) of authorization must accompany this application)  
 Date 6/12/2013

Authorized Agent:   
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Date   
 Attach  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Address to send permit 27545 S Maple Hill Washburn  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look 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)  
 (8) Setbacks: (measured to the closest point)  
 TI Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	613 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	638 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	613 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	638 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	625 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	350 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	545 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 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>13-0148</b>		Permit Date: <b>6-17-18</b>				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <b>NA</b>	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <b>NA</b>			
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No		
Inspection Record: <b>Building site as identified by home owner appears to identify a code compliant location. OK to issue L/U permit</b>		Date of Inspection: <b>6/17/2013</b>				
Conditions: <b>Town, Committee or Board Conditions Attached?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)				
Signature of Inspector: <b>Not For Home Rehabilitation</b> 		Inspected by: <b>Robert Schirmer</b>				
Date of Approval: <b>6/17/2013</b>		Date of Re-Inspection:				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <b>6/17/2013</b>		