

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
PERMITS
 Date Stamp (received)
 AUG 13 2013
 Bayfield Co. Zoning Dept

Permit #:	13-0854
Date:	8-20-13
Amount Paid:	\$105
Refund:	8-13-13

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: **COLE AMMEIN TRUST** Mailing Address: **P.O. BOX 806 WASHBURN WI, 54891** Telephone: **373-5188**

Address of Property: **Wanabe Rd** City/State/Zip: **WASHBURN WI 54891** Call Phone:

Contractor: **ECONOMY GARAGE** Contractor Phone: **715-799-5100** Plumber: **373-5188** Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **PETA PAPPAS** Agent Phone: **373-5188** Agent Mailing Address (include City/State/Zip): **30X 806 WASHBURN WI, 54891** Written Authorization Attached Yes No

PROJECT LOCATION: **SW 1/4 SW 1/4 W11A.50A, P251-280 P.356** PIN: (23 digits) **04-050-2-48-05-03-3 03-000-10000** Recorded Document: (i.e. Property Ownership) Volume **1084** Page(s) **950**

Section **03**, Township **48N**, Range **05** W Town of: **WASHBURN** Lot Size: **37** Acreage

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue If yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue 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 \$15,000	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
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<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 checked="" type="checkbox"/> All
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: **24** Width: **36** Height: **12**

Proposed Construction: Length: **24** Width: **36** Height: **12**

Proposed Use	Proposed Structure	Dimensions	Square Footage
	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	24 x 36	864
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		
	<input type="checkbox"/> with Loft		
	<input type="checkbox"/> 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/ <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"/> Rec'd for Issuance		
	<input type="checkbox"/> Special Use: (explain)		
	<input type="checkbox"/> Conditional Use: (explain)		
	<input type="checkbox"/> Other: (explain)		

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF 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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

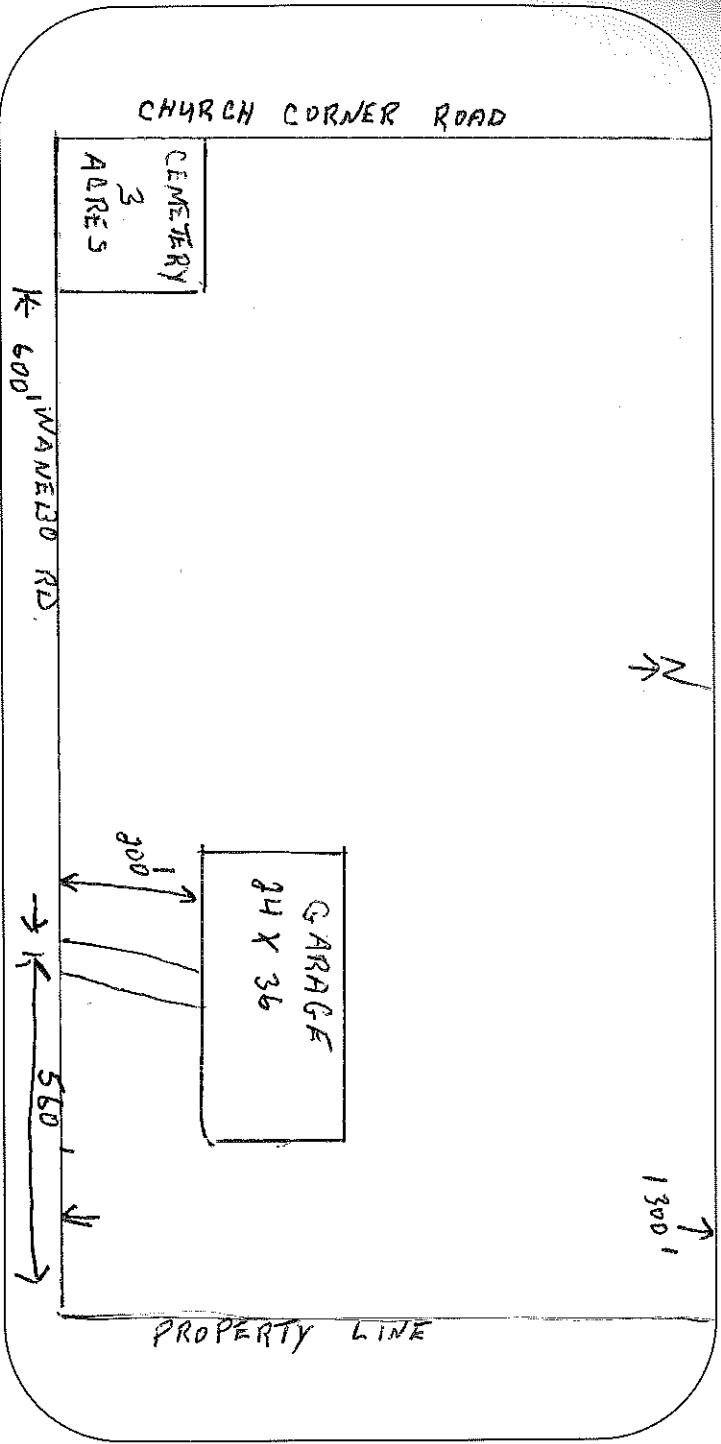
Authorized Agent: **Peta Pappas** Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
 (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 (*): (* 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	4 1'00"	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	1	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	13'00"	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line		Setback from Wetland	Feet
Setback from the West Lot Line	6'00"	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	5'60"	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		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: <u>NA</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <u>13-08854</u>	Permit Date: <u>8-20-13</u>			
<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 type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <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"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <u>NA</u>	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: <u>NA</u>	
<input 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 type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Inspection Record: _____				
Date of Inspection: <u>8-15-13</u>	Inspected by: <u>Bob Brown</u>			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
<p>BUILDING SHALL NOT BE USED FOR PLUMBING INSTALLATION WORK UNLESS BE PROVIDED BY PRESSURIZED WATER + INDOOR PLUMBING FIXTURES UNLESS REQUIRED PERMITS ARE OBTAINED.</p>				
Signature of Inspector: _____				Date of Approval: <u>8-16-13</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"/>	