

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 SEP 23 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0331
Date Issued:	9-26-13
Amount Paid:	150
Refund:	9-23-13

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 to 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: W. William Michalek
Mailing Address: 78050 Church Corner Rd Washburn WI: 54891
City/State/Zip: Washburn WI: 54891
Telephone: 715-373-5767
Cell Phone: 715-892-0901

Address of Property: 78050 Church Corner Rd
City/State/Zip: Washburn WI: 54891
Contractor Phone: 715-378-3269
Plumber: ALTEMP HEATING & COOLING
Plumber Phone: 715-373-0510
Authorized Agent: Granger Builders
Agent Phone: 715-378-3269
Agent Mailing Address: (Include City/State/Zip)
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) S1/4 SW 1/4 SW 1/4
 PIN: (23 digits) 04-050-2-49-05-22-3-23-000-30000
 Volume 461 Page(s) 142-385
 Gov't Lot _____ Lots _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 22, Township 49 N, Range 5 W WASHBURN Lot Size _____ Acreage 19.940

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes---continue No
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes---continue No
 Distance Structure is from Shoreline: _____ feet
 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
\$ 50,000	<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 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: Septic <input type="checkbox"/> Privy (Pit) 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 checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 36' Width: 30' Height: 10'
Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Deck with a Deck with (2nd) Deck with Attached Garage	(30 x 36) () () () () () ()	() () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
	Addition/Alteration (Specify)	()	()
	Accessory Building (Specify)	(30 x 36)	1,080
	Accessory Building Addition/Alteration (Specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

Record for Issuance SEP 26 2013

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) and (we) 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): William & Michelle Charlotte Michaels
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Date 9-22-13

Authorized Agent: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Attach Copy of Tax Statement

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 I will be started out after 4:30 pm 9-23-13

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 SEE AERIAL PHOTO ATTACHMENT
OF NEW STRUCTURE LOCATION WITH SETBACKS

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	63'	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	433	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line Hwy C	242'	Setback from Wetland	Feet
Setback from the West Lot Line	62'	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	1238	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	61'	Setback to Well	150' Feet
Setback to Drain Field	15'		
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:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 13-0331		Permit Date: 9-26-13		
<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"/> Mitigation Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: nk	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Case #: <input checked="" type="checkbox"/> nk	<input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Case #: <input checked="" type="checkbox"/> nk	<input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Case #: <input checked="" type="checkbox"/> nk	<input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Stakes measured at 66 ft + 64.5 ft to corner of church corner rd.	Inspected by: J. Cleomborg Murphy	Zoning District: (A-1)	Lakes Classification: (M/A)	Date of Re-Inspection: N/A
Date of Inspection: 9-25-13	Inspected by: J. Cleomborg Murphy	Zoning District: (A-1)	Lakes Classification: (M/A)	Date of Re-Inspection: N/A
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
PROPOSED STRUCTURE SHALL BE PLACED AT LEAST 63 FT FROM CENTER OF CHURCH CORNER RD OR 30 FT FROM R.D.W. WHICH EVER IS GREATER - THIS INCLUDES ACCESSORY STRUCTURE NOT BE USED FOR ANY HABITATION NOR BE SERVED BY WATER UNDER PRESSURE/INDOOR PLUMBING UNLESS NECESSARY				
Signature of Inspector: [Signature]				
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: 9-26-13

William & Charlotte Michalek
78050 Church Corner Rd
Washburn WI 54891



here here. [Similar to this](#)
27345 County Highway C

4 [View one-by-one](#) »

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