

**SUBMITTER 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)  
 03.25.2013  
 Bayfield Co. Zoning Dept.



Permit #:	14-0005
Date:	1-17-14
Amount Paid:	\$175
Refund:	10-28-13

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:** REBECCA THAEFNER REY  
**Address of Property:** 78330 SINGER RD  
**City/State/Zip:** WASHBURN WI 54891  
**Contractor:** FRITZ WILDEBUSH  
**Authorized Agent:** (Person Signing Application on behalf of Owner(s))  
**Contractor Phone:** 715 209 1034  
**Agent Phone:**  
**Agent Mailing Address (include City/State/Zip):**

**Mailing Address:** 1907 LUDINGTON AVE  
**City/State/Zip:** MILWAUKEE WI 53226  
**Telephone:** 414 771 6639  
**Cell Phone:** 414 628 0456  
**Plumber:**  
**Plumber Phone:**  
**Written Authorization Attached:**  Yes  No

**PROJECT LOCATION:** Legal Description: (Use Tax Statement) PIN: (23 digits) 04-008-2-49-04-22-3  
 1/4, 1/4 Gov't Lot 1 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Volume 1110 Page(s) 249

Section 22, Township 49 N, Range 04 W Town of: BAYVIEW

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

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
\$ 20,000	<input checked="" 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"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: "FAST" <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: 22 Width: 26 Height: 12

Proposed Construction: REPAIR FOUNDATION Length: \_\_\_\_\_ Width: \_\_\_\_\_ 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.) with Loft	( ) ( )	( )
<input checked="" type="checkbox"/>	Residential Use with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage	( ) ( )	( )
<input type="checkbox"/>	Commercial Use Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
<input type="checkbox"/>	Municipal Use Mobile Home (manufactured date) _____	( ) ( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) FOUNDATION REPAIR	( ) ( )	( )
<input type="checkbox"/>	Accessory Building (specify) _____	( ) ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
<input type="checkbox"/>	Special User: (explain) _____	( ) ( )	( )
<input type="checkbox"/>	Conditional Use: (explain) _____	( ) ( )	( )
<input type="checkbox"/>	Other: (explain) _____	( ) ( )	( )

SECRETARIAL STAFF  
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 (The contractor is responsible for providing 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):** Rebecca Thaefer  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 10/24/2013

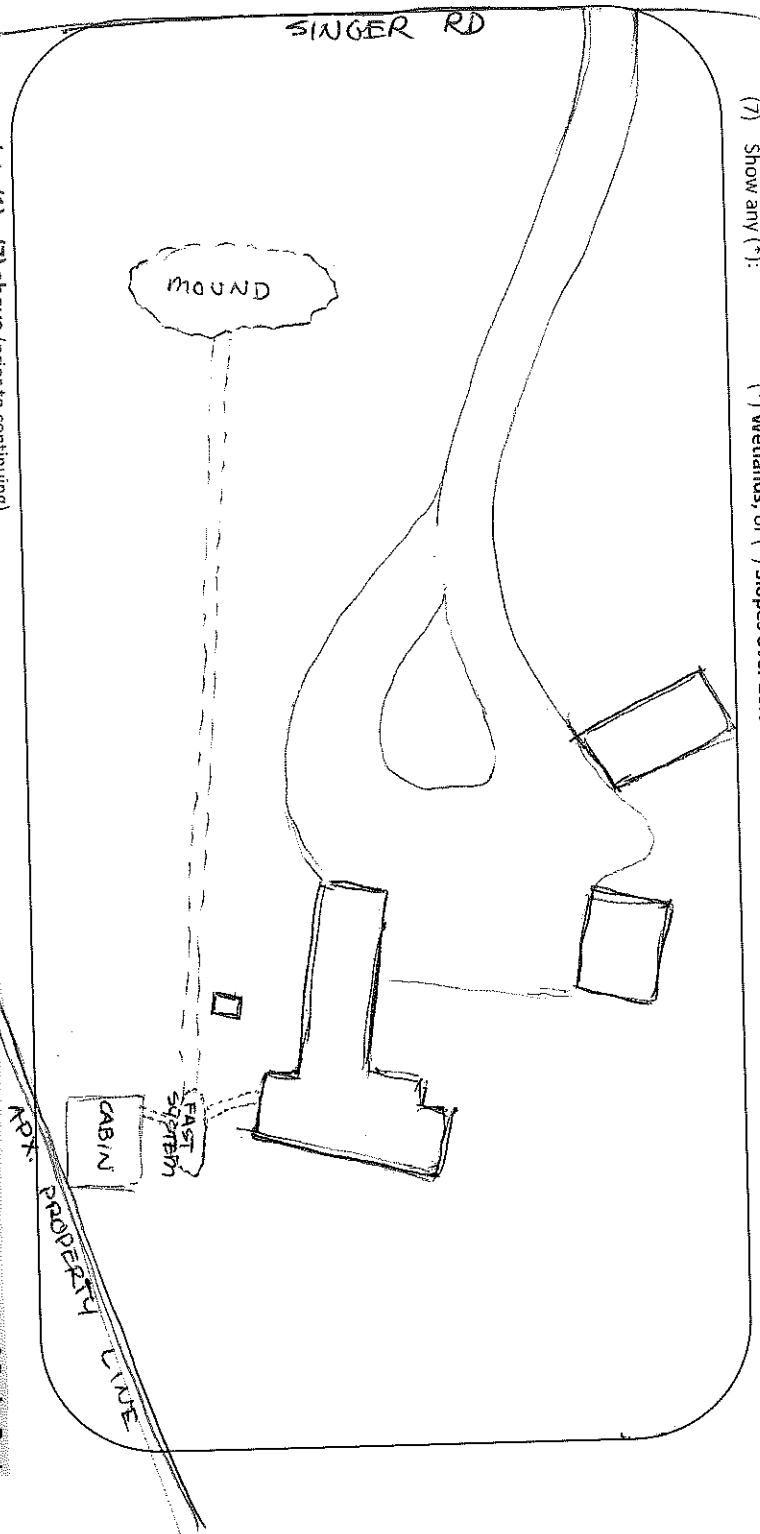
**Authorized Agent:** \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Address to send permit:** \_\_\_\_\_

**Attach**  
 Copy of Tax Statement  
 If you recently purchased the property send your recorded Deed

box 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)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	APX > 250 Feet	Setback from the Lake (ordinary high-water mark)	20 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	20 Feet
Setback from the North Lot Line	APX 150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	0 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	APX 250 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank (FAST)	Feet	Setback to Well	APX 100 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: 407333 # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_  
 Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 14-0005 Permit Date: 1-17-14

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

Granted by Variance (B.O.A.) Case #: NA Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_  
 Yes  No

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

Inspection Record: Mitigation affidavit recorded 1-13-14 Zoning District: (R105)  
 Inspected by: J. Greenberg, Newport Lakes Classification: (Special)  
 Date of Inspection: 1-21-13 Inspected by: \_\_\_\_\_ Date of Re-Inspection: \_\_\_\_\_

Condition(s) of Own, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
Mitigation plan to be implemented within 1 year of permit the date of permit land use permit variance. That portion of the building that encroaches on neighbors property shall be removed.

Signature of Inspector: \_\_\_\_\_ Date of Approval: 1-16-14

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_