

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
 RECEIVED
 Date Stamp (Required)
 OCT 02 2013
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0006
 Date: 2-3-14
 Amount Paid: \$100
 Refund: 10-2-13

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: **RONALD HUTCHINSON** Mailing Address: **150 S. LINCOLN ST. AUGUSTA, WI 49012** Telephone: **269-731-4960**

Address of Property: **78210 SINGER ROAD** City/State/Zip: **WASHBURN, WI 54891** Cell Phone: **269-420-3952**

Contractor: **NEELSON CONSTRUCTION CO. OF LA PRUNTE** Contractor Phone: **715-747-3300** Plumber: **N/A** Plumber Phone: **N/A**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **ARNOOLD NEELSON** Agent Phone: **715-747-3300** Agent Mailing Address (include City/State/Zip): **PO Box 5, LA PRUNTE, WI 54880** Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4 Gov't Lot 1 Lot(s) CSM Vol & Page 14959 A 271, 210 Lot(s) No. Block(s) No. Subdivision: Lot Size 535'4'-w Acreage 2.574**

Section **22**, Township **49** N, Range **4** W Town of: **WASHBURN**

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 Is Property in Floodplain Zone? Yes 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
\$ 5700.00	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input 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"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HT	<input type="checkbox"/> _____
	<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"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> STARWAY TO DOCK	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

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

Proposed Construction: Length: **40' (width)** Width: **4' (max)** Height: **30' (height)**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() () ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() () ()	()
	with Loft	() () ()	()
	with a Porch	() () ()	()
	with (2 nd) Porch	() () ()	()
	with a Deck	() () ()	()
	with (2 nd) Deck	() () ()	()
	with Attached Garage	() () ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
	Addition/Alteration (specify)	() () ()	()
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
	Special Use: (explain)	() () ()	()
	Conditional Use: (explain)	() () ()	()
	Other: (explain) STARWAY TO DOCK/LAKE	(130' X 4' W)	(120' X 4' W)

Record for Issuance: **FEB 03 2013**

Secretarial Staff: _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES 4' x 10' LANDING = 1600sq ft

(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: **Arnoold Neelson** Agent Date: **9/30/13**

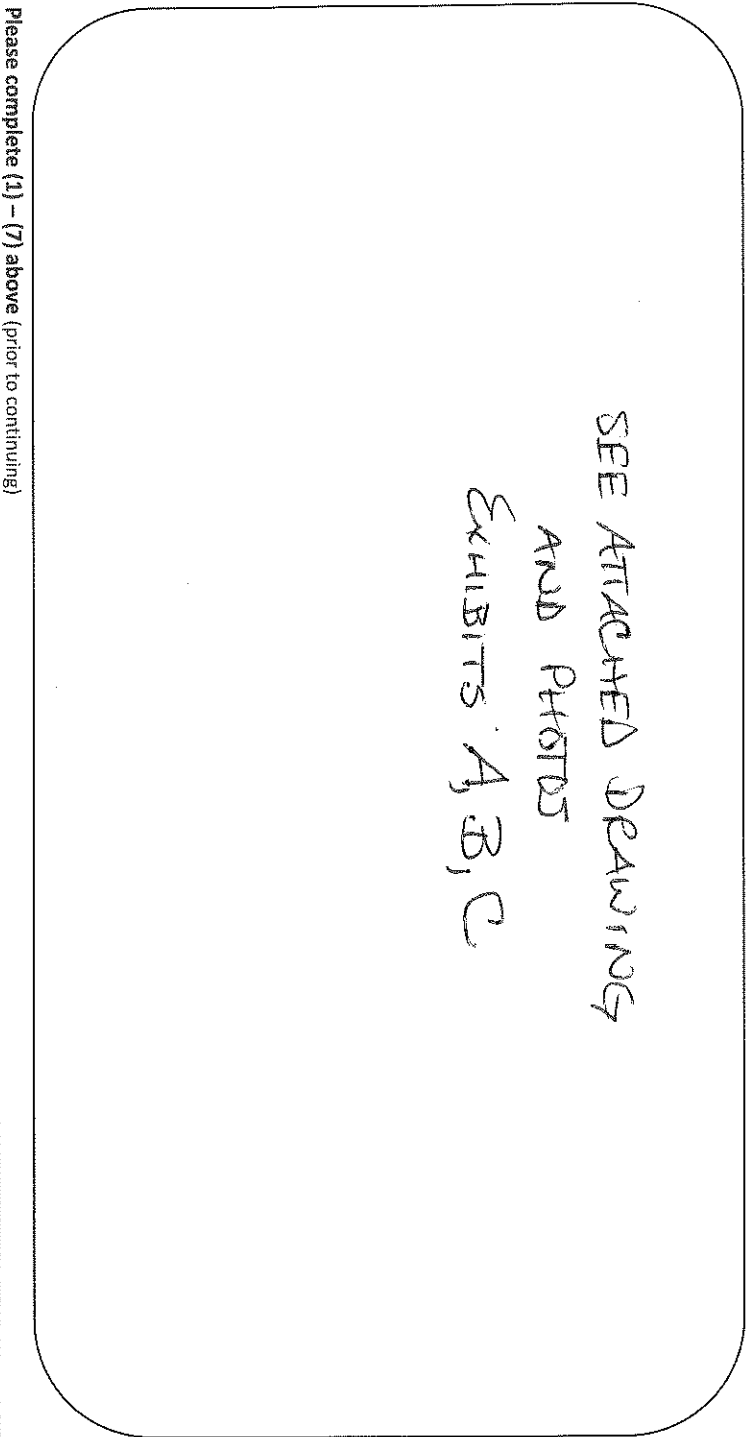
Address to send permit: **PO Box 5, LA PRUNTE, WI 54880** Attach Copy of Tax Statement

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: (*) 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 DRAWINGS
AND PHOTOS
EXHIBITS A, B, C



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	Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	435 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	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.

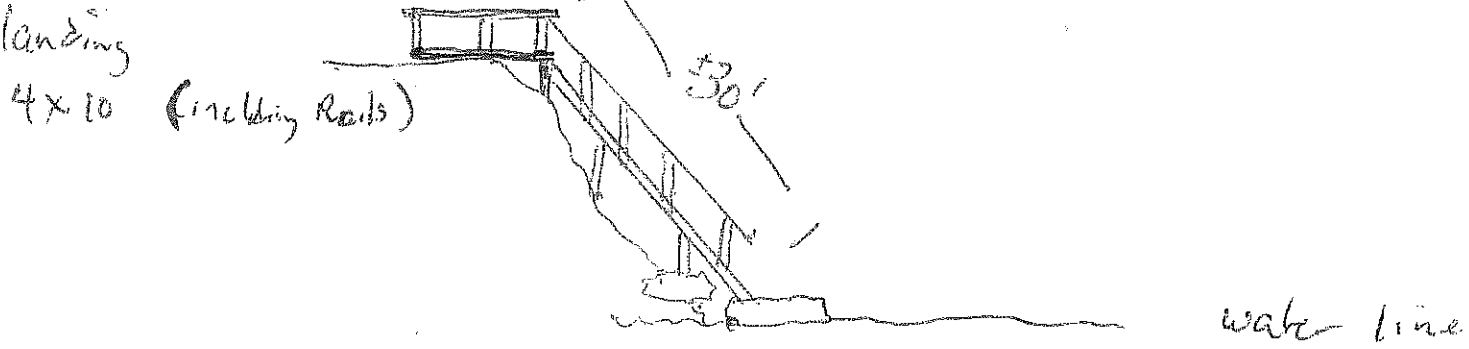
Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 14-0006	Permit Date: 2-3-14		
Is Parcel a Sub-Standard Lot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Contiguous Lot(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: NO	Previously Granted by Variance (B.O.A.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: 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	Were Property Lines Surveyed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: inspection of LTM construction - no mitigation required. Permit held per 13-1-22(6)(1) for violations + ATTS	Zoning District: REB, Lake	Lakes Classification: URS1 Hypolimnion	
Date of inspection: 9-25-13 + additional inspected by: J. Greenberg - Muesp Hg	Date of Re-Inspection: 2-3-14		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached)			
<p>STAIRWAY + INSTRUCTION SHOW COMPANY W/ SECTION 13-1-22(5). ONLY ONE SET ET VIEWING PERIODIC STUDIED SECONDARY VIEWING SUPERVISOR SHALL NOT BE ESTABLISHED @ STAIRWAY TO LAKE. PLANT + LAND DISTURBANCE ALLOWED ONLY TO THE EXTENT NECESSARY TO PLACE STAIRWAY. CLEAR CUTTING PROHIBITED.</p>			
Signature of Inspector:	Date of Approval: 2-3-14		
Hold For Sanitary: <input type="checkbox"/>	Hold For Tank: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

*KNOXIN SHALL NOT EXCEED 4'x10'

9/30/13

Hutchinson Stairs

Side View.



4x10 landing Lake View, Balsam free.

