

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 55
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
FEB 20 2014
 Bayfield County Planning Dept

ENTERED:	14-0019
Date:	3-4-14
Amount Paid:	\$750.00
Refund:	

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 → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: Richard & Sally Bond	Mailing Address: 5831 Schwenn Dr., Fitchburg, WI	City/State/Zip: Cable, WI 54821	Telephone: Call Phone: 608 347-1308 Plumber Phone:
Address of Property: 23172 Garmisch Rd	Contractor Phone: 798-3653	Agent Phone: 798-3653	Agent Mailing Address (include City/State/Zip): Unit 19	Written Authorization Attached Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
PROJECT LOCATION 1/4, _____ 1/4	Legal Description: (Use Tax Statement) _____	PIN: (23 digits) 04-034-2-43-06-23-2 00-654-1400	Recorded Document: (i.e. Property Ownership) 1064 Page(s) 851	Subdivision: Garmisch USA Condo
Section <u>23</u> , Township <u>43</u> N, Range <u>6</u> W	Town of: <u>Namakagen</u>	Distance Structure is from Shoreline: <u>300'</u> feet	Distance Structure is from Shoreline: <u>300'</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: <u>300'</u> feet	Distance Structure is from Shoreline: <u>300'</u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Non-Shoreland

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
\$18,500	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bid) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" 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 checked="" 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: <u>CONV</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: _____ Width: _____ Height: _____
 Proposed Construction: Length: Variable Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
<input type="checkbox"/>	with Loft	() ()	()
<input checked="" type="checkbox"/>	Residential Use	() ()	()
<input type="checkbox"/>	with a Porch	() ()	()
<input type="checkbox"/>	with (2 nd) Deck	() ()	()
<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 checked="" type="checkbox"/>	Addition/Alteration (specify) <u>prep around deck</u>	(90x6)	540
<input type="checkbox"/>	Accessory Building (specify)	(40x12)	480
<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)	() ()	()

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) am (are) responsible for the data and accuracy of information I (we) and (we) provide 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. (we) agree 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 and any responsibility for the purpose of inspection.

Owner(s): Richard & Sally Bond Date 1-18-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

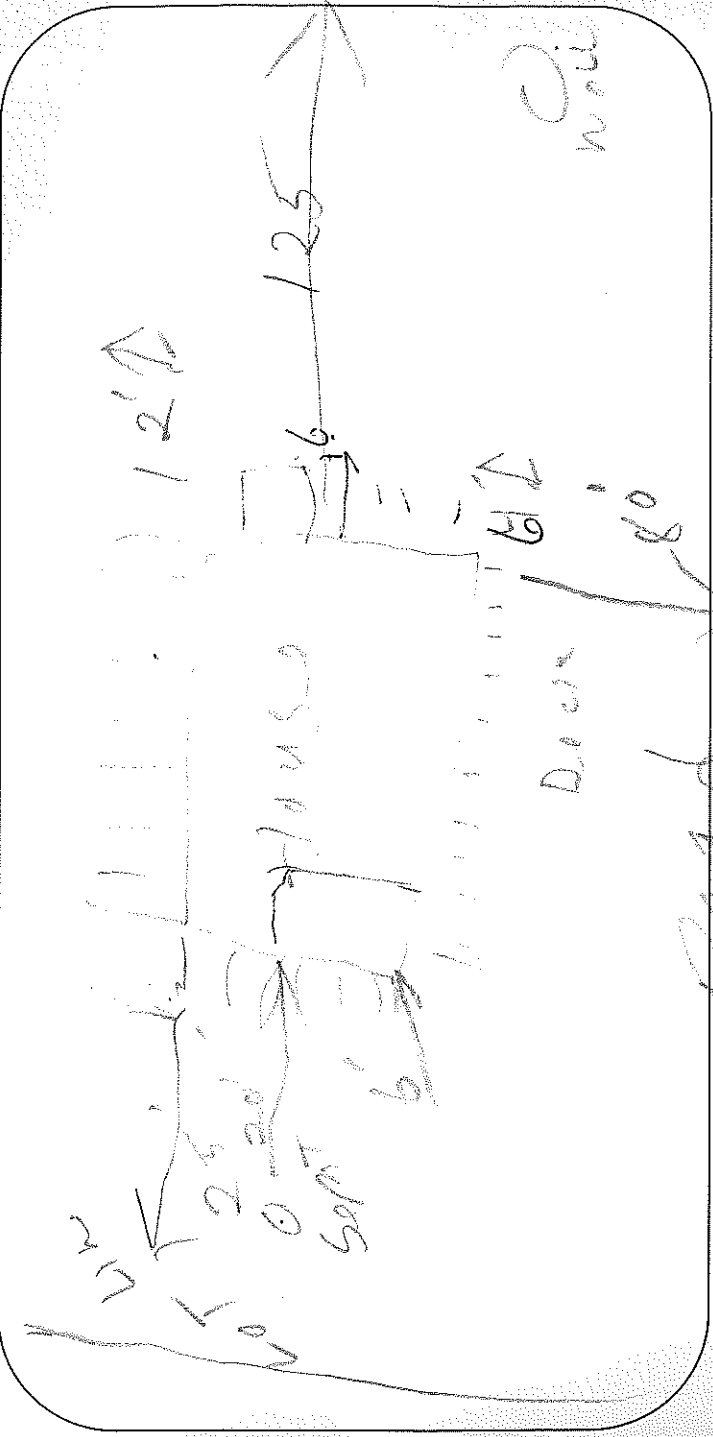
Authorized Agent: Biscobing Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Biscobing 42420 Wadewest Dr Cable WI 54821
 Attach Copy of Tax Statement

DISTANCE FROM SUESSLINE? SANMAY INFO?
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE PAGE

The 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)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130' Feet	Setback from the Lake (ordinary high-water mark)	200' Feet
Setback from the Established Right-of-Way	110' Feet	Setback from the River, Stream, Creek	114' Feet
Setback from the North Lot Line	200' Feet	Setback from the Bank or Bluff	114' Feet
Setback from the South Lot Line	114' Feet	Setback from Wetland	114' Feet
Setback from the West Lot Line	25' Feet	Setback from 20% Slope Area	114' Feet
Setback from the East Lot Line	130' Feet	Elevation of Floodplain	114' Feet
Setback to Septic Tank or Holding Tank	25' Feet	Setback to Well	50' Feet
Setback to Drain Field	25' Feet		
Setback to Privy (Portable, Composting)	114' 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>186 309</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>10-27-05</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>14-0019</u>		Permit Date: <u>3-4-14</u>			
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	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
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	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Inspected by: <u>MM Furdak</u>			
Date of Inspection: <u>2-27-14</u>		Zoning District: <u>R-3</u>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lakes Classification: <u>(1)</u>			
Signature of Inspector: <u>Michael Furdak</u>		Date of Approval: <u>2-28-14</u>		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"/>		