

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

\$175 + \$250

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date Stamp (Received)  
 FEB 13 2014  
 Bayfield Co. Zoning Dept.

|              |         |
|--------------|---------|
| Permit #:    | 14-0028 |
| Date:        | 2-19-14 |
| Amount Paid: | \$175   |
| Refund:      | 0-19-14 |

ENTERED

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/app)

|  |  |                                   |                                  |   |   |  |   |         |
|--|--|-----------------------------------|----------------------------------|---|---|--|---|---------|
| TYPE OF PERMIT REQUESTED →   | <input checked="" type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVATE | <input type="checkbox"/> CONDITIONAL USE        | <input checked="" type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A.              | <input type="checkbox"/> OTHER                                      |         |
| Owner's Name:  | SCOTT GRABAU                                 |                                   | Mailing Address:                 | 1707 N.W. 8th                                   |   | City/State/Zip:                              | Virginia, Mo. 65792   |         |
| Address of Property:   | 1500 Hoffenspach Rd.                         |                                   | Contractor Phone:                | Plumber:  |   | Cell Phone:                                  | <del>918-41331</del><br>918-750-4331                                |         |
| Contractor:  | SELF   |                                   | Agent Phone:                     | Agent Mailing Address (include City/State/Zip): |   | Written Authorization Attached               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |                                   | Agent Phone:                     |   |   | Recorded Document: (i.e. Property Ownership) | Volume 584 Pages 337  |         |
| PROJECT LOCATION   | Legal Description: (Use Tax Statement)       | PLN: (23 digits)                  | Vol & Page                       | Lot(s) No.                                      | Block(s) No.                                    | Subdivision:                                 | Lot Size  | Acreage |
|  | 500 1/4, NE 1/4                              | 04-038-2-48-09-14-1 03-000-10000  |                                  |   |   |  |   | 40      |
| Section 19, Township 48 N, Range 9 W                                 | Town of:                                     | Olc                               |                                  |   |   |  |   |         |

|   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Shoreland →              | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? | <input type="checkbox"/> Distance Structure Is from Shoreline: feet | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →                                 | <input type="checkbox"/> Distance Structure Is from Shoreline: feet |  |  |

| Value at Time of Completion<br>* 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                                  |
|--|---|---|--|----------------------------|--|--|
| \$   | <input 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 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"/> VA |
|  | <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/> Basement       |  |                            | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) |  |
|  | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement    |  |                            | <input type="checkbox"/> Portable (w/service contract)           |  |
|  | <input type="checkbox"/> Foundation                 |   |  |                            | <input type="checkbox"/> Compost Toilet                          |  |
|  | <input type="checkbox"/> _____                      |   |  |                            | <input type="checkbox"/> None                                    |  |

|   |         |        |         |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction:  | Length: | Width: | Height: |

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

Secretarial Staff  
 Rec'd for ISSUANCE  
 MAR 19 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 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): Scott Grabau  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date 2/11/14

Address to send permit SCOTT GRABAU, 1207 NW 8th Ave  
VIRGINIA, MO. 65792  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 2/11/14

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

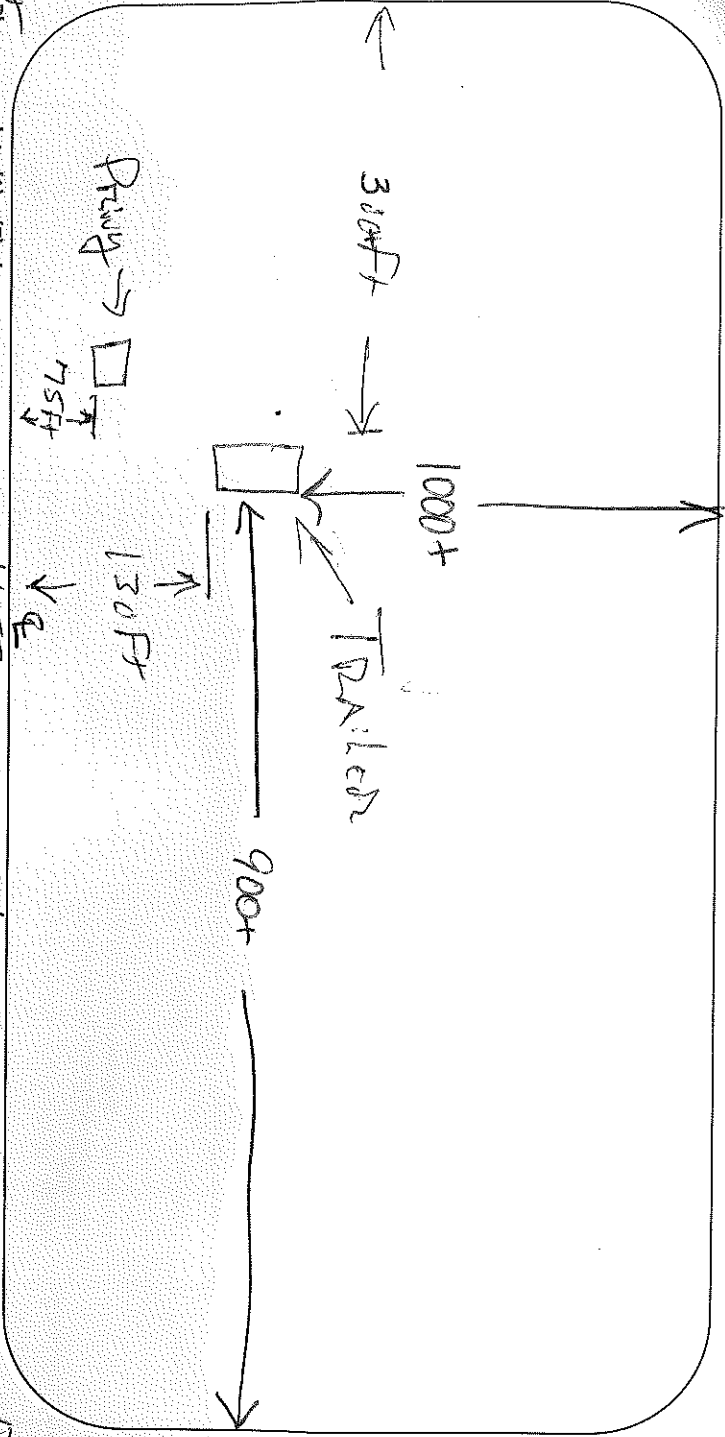
Attach

Copy of Tax Statement

Recorded Deed

Search your Property (regardless of what you are applying for)

- Proposed Construction
- (\*) North (N) on Plot Plan
  - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - All Existing Structures on your Property
  - (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (\*) Wetlands; or (\*) Slopes over 20%



(8) Setbacks: (measured to the closest point) *W. 25 ft* Please complete (1) - (7) above (prior to continuing) *Hoffersgraben Rd.* *E. 25 ft* Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | 110+        | Setback from the Lake (ordinary high-water mark) | NA          |
| Setback from the Established Right-of-Way   | 90+         | Setback from the River, Stream, Creek            | NA          |
| Setback from the North Lot Line             | 1000+       | Setback from the Bank or Bluff                   | NA          |
| Setback from the South Lot Line             | NA          | Setback from Wetland                             | NA          |
| Setback from the West Lot Line              | 300+        | Setback from 20% Slope Area                      | NA          |
| Setback from the East Lot Line              | 900+        | Elevation of Floodplain                          | NA          |
| Setback to Septic Tank or Holding Tank      | NA          | Setback to Well                                  | Feet        |
| Setback to Drain Field                      | NA          |  | Feet        |
| Setback to Privy (Portable, Composting)     | NA          |  | 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 *Privy - Vaulted*

**Issuance Information (County Use Only)** Sanitary Number: *9686* # of bedrooms: *1* Sanitary Date: *9-3-91*  
 Permit Denied (Date): Reason for Denial:  
 Permit #: *14-0089* Permit Date: *3-19-14*

Is Parcel a Sub-Standard Lot  Yes  No  
 Is Parcel in Common Ownership  Yes  No  
 Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #:  Yes  No  
 Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No

Inspection Record:  
 Date of Inspection: *2-19-14* Inspected by: *M. Fuchs* Zoning District (F-1) lakes Classification (NA)  
 Condition(s) Town, Committee or Board Conditions Attached?  Yes  No (if No they need to be attached.)  
*RV is existing.*

Signature of Inspector: *Michael Fuchs* Date of Approval: *3/19/14*  
 Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: