

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

ENTERED

Date Stamp (received)
 APR 29 2014
 Bayfield County Clerk

| | |
|--------------|--------------|
| Permit #: | 14-0034 |
| Date: | 5-5-14 |
| Amount Paid: | 75.00 gen |
| 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 → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Reino Hill Mailing Address: 72730 St Hwy 13 Ashland WI 54806 Telephone: 373-2346

Address of Property: 72730 St Hwy 13 City/State/Zip: Ashland WI 54806 Cell Phone: _____

Contractor: D.G.s Construction Contractor Phone: 715-292-1178 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A Agent Phone: N/A Agent Mailing Address (include City/State/Zip): N/A Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lots 1 CSM 00224884192-0500106000 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 24, Township N8 N, Range 5 W Town of: Barksdale Lot Size _____ Acreage 3.99

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 225 feet

Non-Shoreland

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 |
|--|--|---|--|--|---|--|
| <u>\$21,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input checked="" type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u> | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bids) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> None | |

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 24 Height: 13'

Proposed Construction: Length: 24 Width: 24 Height: 13'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|--|---|--------------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | | (X) | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | (X) | |
| <input type="checkbox"/> with Loft | | (X) | |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> with a Porch | (X) | |
| | with (2 nd) Porch | (X) | |
| | with a Deck | (X) | |
| | with (2 nd) Deck | (X) | |
| <input type="checkbox"/> Commercial Use | Bunhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | Mobile Home (manufactured date) _____ | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> Addition/Alteration (specify) _____ | (X) | |
| | Accessory Building (specify) <u>Garage</u> | (<u>24 x 24</u>) | <u>576</u> |
| | Accessory Building Addition/Alteration (specify) <u>Demo old</u> | (X) | |
| | <u>Garage & Build New</u> | (X) | |
| | Special Use: (explain) _____ | (X) | |
| | Conditional Use: (explain) _____ | (X) | |
| | Other: (explain) _____ | (X) | |

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 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.

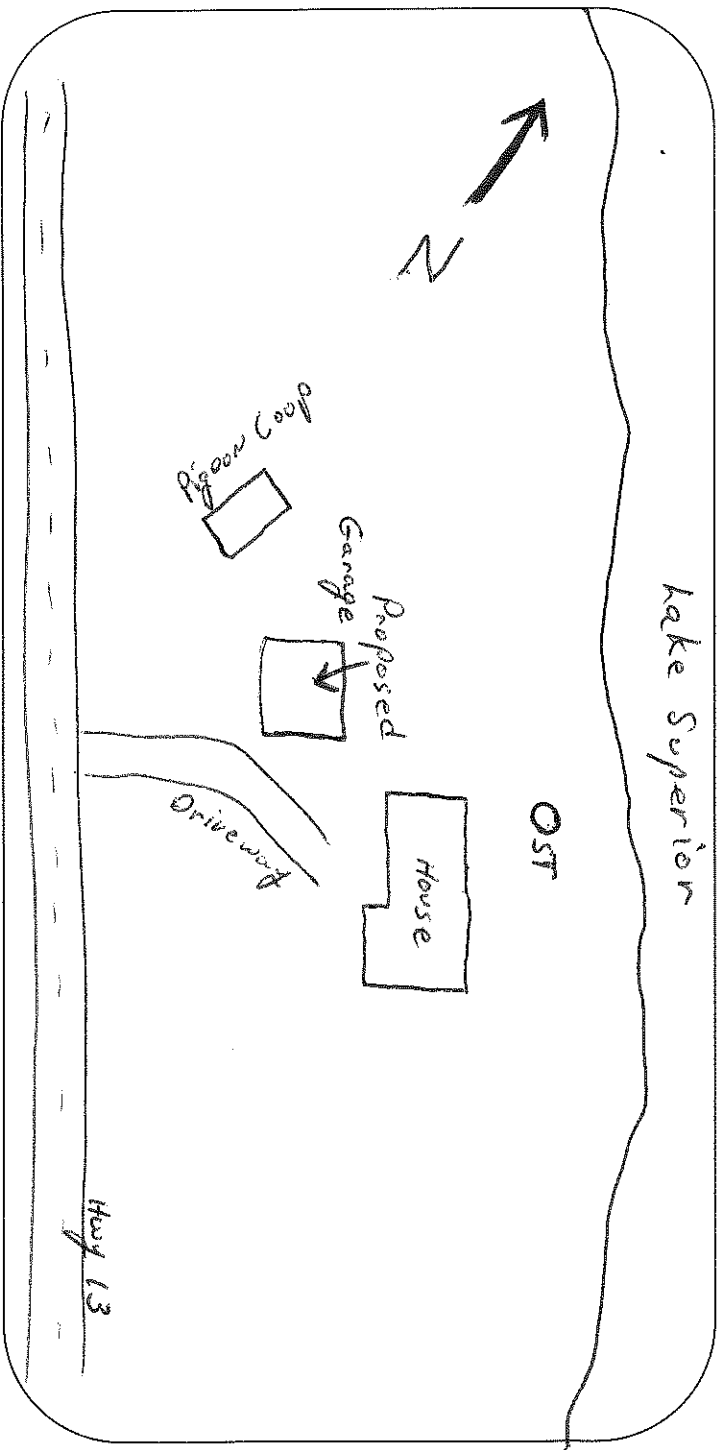
Owner(s): Reino Hill Date 4/29/14
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit 72730 St Hwy 13 Ashland WI 54806
 (if you recently purchased the property send your Recorded Deed

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 (*): (*) 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)

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 | 746 Feet | Setback from the Lake (ordinary high-water mark) | 225 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 | 100 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 700 Feet | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | 225 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 180 Feet | Setback to Well | 179 Feet |
| Setback to Drain Field | 160 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 #: 14-0054 | Permit Date: 5-5-14 | | | | | | |
| 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 Non-Conforming | <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 #: | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 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 | | | | | | |
| Inspection Record: | Over present well stand. New BUDs to be placed @ existing garage location. Existing to be demolished. | | | | | | |
| Date of Inspection: 4-5-2-14 | Inspected by: J. KERNER, Board Member | Zone District (R-1) | Classification (CLASS 1) | | | | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) | | | | | | | |
| NO PLANNING AGENTATION OR INDEPENDENT UNLESS APPROVED PERMITS ISSUED. | | | | | | | |
| Signature of Inspector: | | Date of Approval: 5-2-14 | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBD: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | | |