

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
 APR 28 2014



Permit #:	14-0051
Date:	5-5-14
Amount Paid:	\$800 488-14
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: JEANNE + KATHLEEN KROLL Mailing Address: 813 RAINETTA DR. EAU CLAIRE, WI 54901 Telephone: 715-836-9226
 Address of Property: 813 RAINETTA DR. EAU CLAIRE, WI 54901 City/State/Zip: EAU CLAIRE, WI 54901 Call Phone: 715-379-8527
 Contractor: SELLE Contractor Phone: WI 54821 Plumber: ANDRE RASMUSSEN Plumber Phone: 715-798-3355
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: ANDRE RASMUSSEN Agent Mailing Address (include City/State/Zip): WI Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, SE 1/4 Gov't Lot: _____ Lot(s): _____ GSN: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume 1113 Page(s) 992

Section 17, Township 43 N, Range 2 W Town of: CABLE Lot Size _____ Acreage 2.39

Shoreland Non-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: ~300 feet
 Is Property/Land within 1000 feet of lake, Pond or Flowage if yes---continue 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
<u>\$8,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <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"/> _____	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>CONVENTIONAL</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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: 40 Width: 25 Height: 20
 Proposed Construction: _____

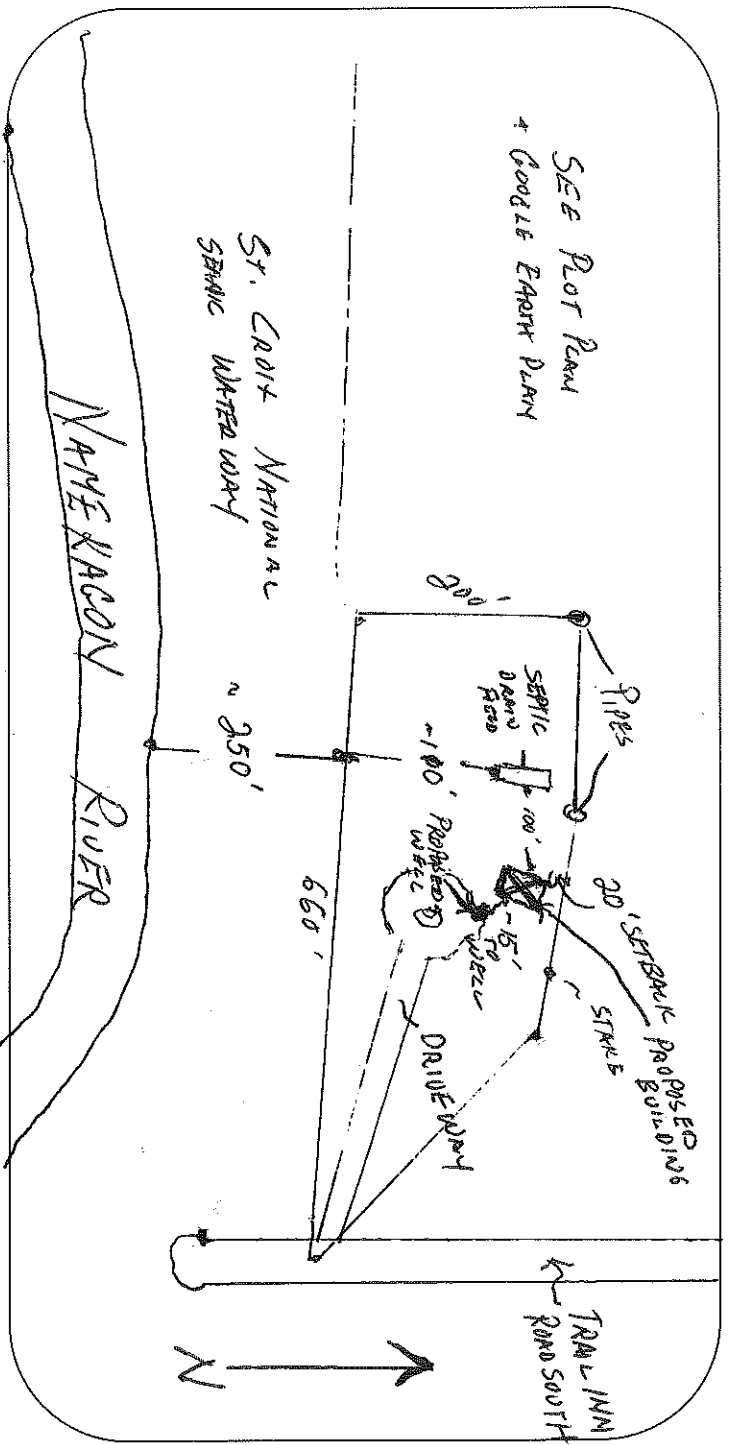
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input checked="" type="checkbox"/> with Loft <input checked="" type="checkbox"/> with a Porch <input checked="" type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<u>25</u> x <u>31</u>) (<u>25</u> x <u>20</u>) (<u>25</u> x <u>10</u>) (_____) (_____) (_____) (_____) (_____)	<u>775</u> <u>500</u> <u>250</u> _____ _____ _____ _____
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____) (_____) (_____) (_____) (_____)	_____ _____ _____ _____ _____
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (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
 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): Jeanne Kroll Kathleen Kroll Date 4.23.14
 (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 813 RAINETTA DR. EAU CLAIRE, WI 54901 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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 any (*): (**) 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	350 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	~ 325 Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	110 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	86.0 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	~150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank - <i>SEE A. KASUSSEN</i>	50 Feet	Setback to Well	15 Feet
Setback to Drain Field	100 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: 14-078	# of bedrooms:	Sanitary Date: 5-5-14
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0051		Permit Date: 5-5-14		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Was Parcel Legally Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Signature of Inspector <input type="checkbox"/> Signature of Applicant
Inspection Record: <i>Will Stalrod. Meets all code standards</i>		A Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction		
Date of Inspection: 4-30-14		Inspected by: <i>TM Fuchsle</i>		
Condition(s): <i>Town Committee or Board Conditions Attached?</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Signature of Inspector: <i>Michael Fuchsle</i>		Date of Approval: 5-5-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>