

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 MAY 01 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0085
Date:	5-16-14
Amount Paid:	225.00 SJK
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: TOLE VANSTAPPEN Mailing Address: 77545 City/State/Zip: 54891 Telephone: 715 373-0718

Address of Property: SAME City/State/Zip: CHURCH CORNER WASHBURN, WI Cell Phone:

Contractor: SOOTH SHORE LOG WORKS Contractor Phone: 715-439-3272 KATH SERVICES Plumber: 715-476-2324

Authorized Agent: (Person Signing Application on behalf of Owner(s)) NONE Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, NE 1/4 Gov't Lot: Lots: N2 CSN: 952 Vol & Page: 6/187 Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume: 200786 Page(s): 28/355

Section: 28, Township: 49 N, Range: 05 W Town of: WASHBURN Lot Size: 270 X 460 Acreage: 28 acres

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: 700 feet

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: 700 feet

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
\$25,000-	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" 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	<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: <u>REG 30ed</u>	<u>SEPTIC</u>
	<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"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 22 Height: 24

Proposed Construction: Length: 31 Width: 22 Height: 22

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	()
	Residence (i.e. cabin, hunting shack, etc.)	(X)	()
	with Loft	(X)	()
	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	Addition/Alteration (specify) <u>ADDITION</u>	(22 X 31)	682
	Accessory Building (specify)	(X)	()
	Accessory Building Addition/Alteration (specify)	(X)	()
	Special Use: (explain)	(X)	()
	Conditional Use: (explain)	(X)	()
	Other: (explain)	(X)	()

Rec'd for Issuance
 MAY 06 2014
 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) agree to 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.

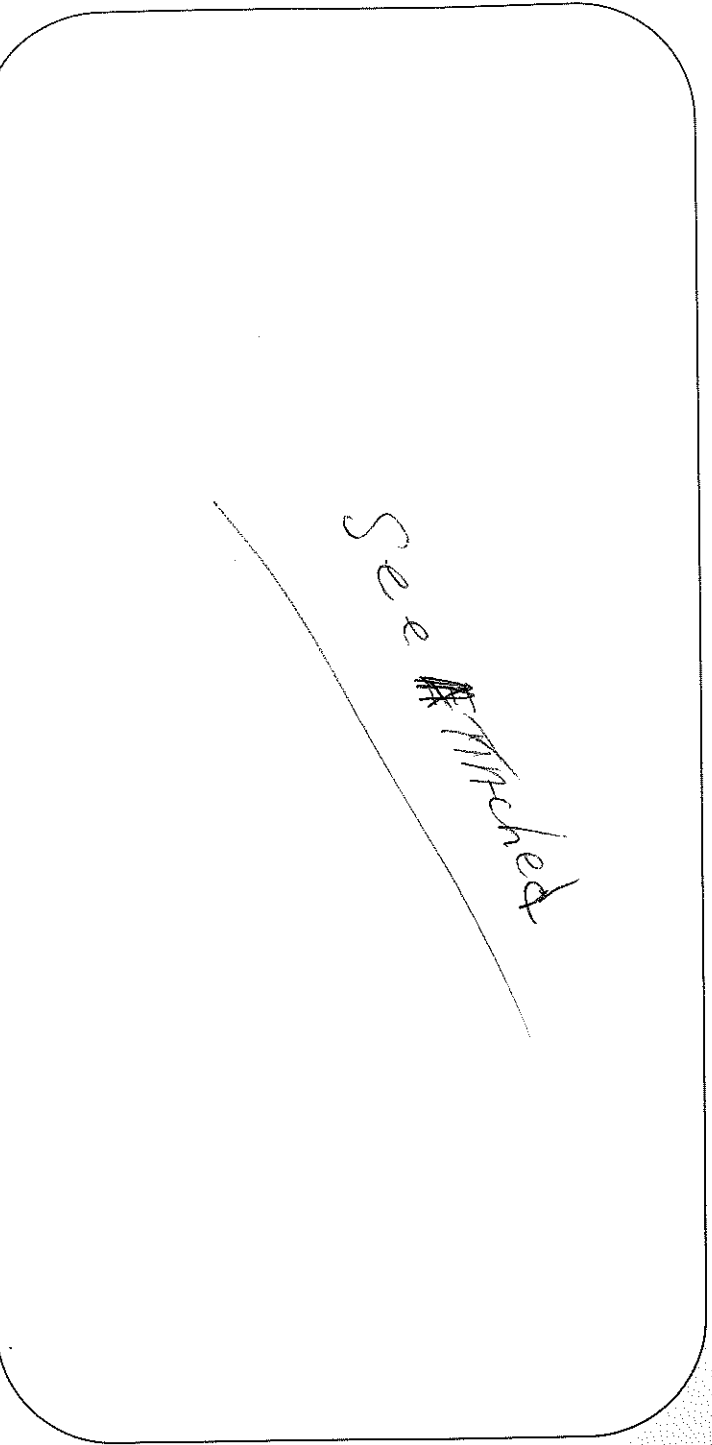
Owner(s): M & K Date: 5-1-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit: 1096 Bdr Hk Rd. Morgan, WI 54548 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 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 (*): (*) 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	AS PER	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	Drawings	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	90	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100	Setback from Wetland	NA Feet
Setback from the West Lot Line	275	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	100	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	75'	Setback to Well	5'± Feet
Setback to Drain Field	100		
Setback to Privy (Portable, Composting)			

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.

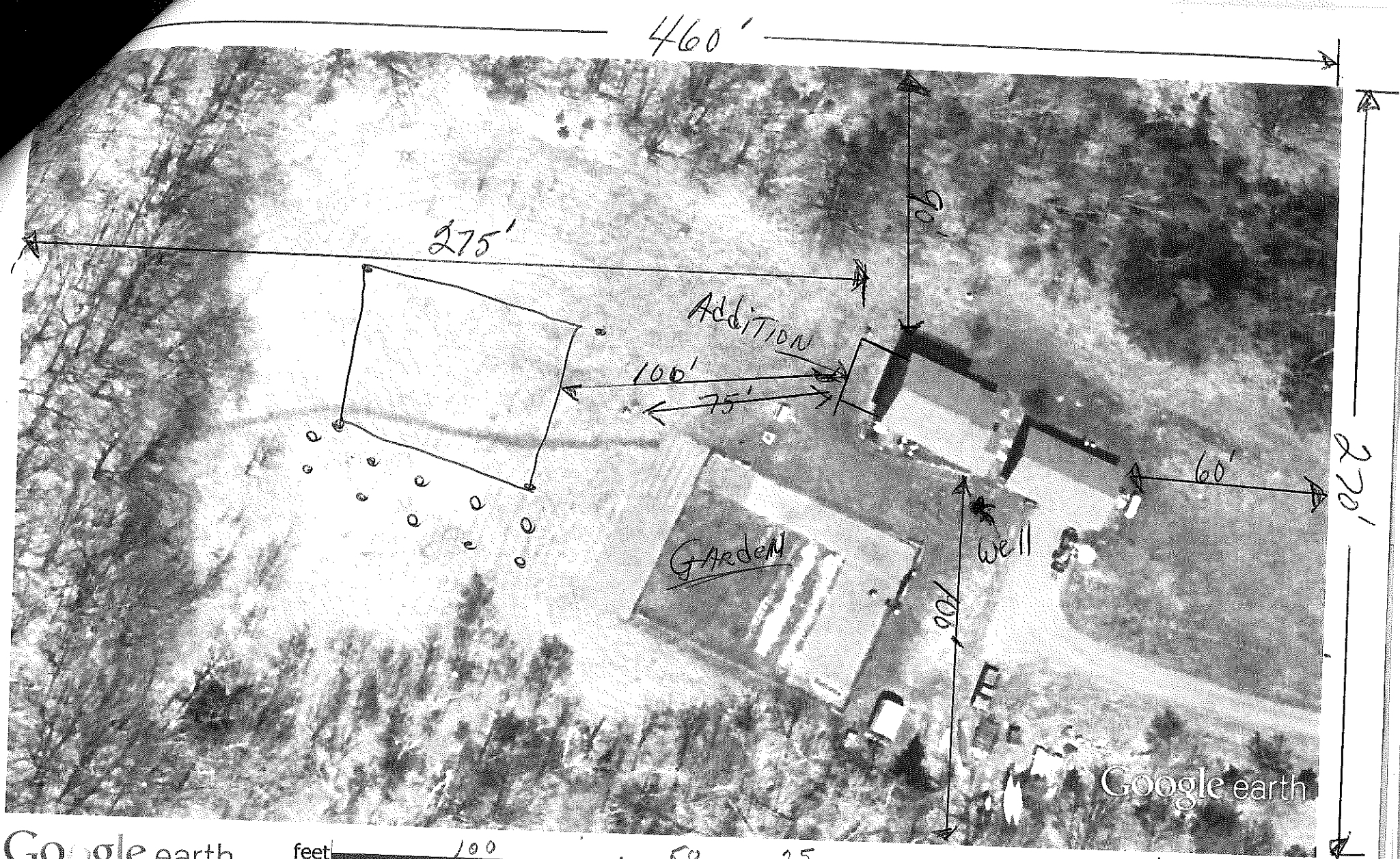
Issuance Information (County Use Only) Sanitary Number: 298030 # of bedrooms: 3 Sanitary Date: 6-25-97
 Permit Denied (Date): Reason for Denial:
 Permit #: 14-0055 Permit Date: 5-10-14

Is Parcel a Sub-Standard Lot: Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership: Yes (Fused/Contiguous Lot(s)) No
 Is Structure Non-Conforming: Yes No
 Granted by Variance (B.O.A.): Case #: HK Previously Granted by Variance (B.O.A.): Case #: HK

Was Parcel Legally Created: Yes No
 Was Proposed Building Site Delineated: Yes No
 Inspection Record: Property owner agreed to convert (operating bedrooms to office space. total bedrooms = 3 after addition of 1st floor in basement)

Date of Inspection: 5-6-14 Inspected by: J. C. Anderson - MURPHY
 Condition(s) of Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 NOC PERMIT REVIEWED PER MUNICIPALITY CONTRACT. EXISTING BEDROOMS CONVERTED TO OFFICE. AT ANY TIME IF DWF EXCEEDS 3 BEDROOMS, SYSTEM UPGRADE WILL BE REQUIRED.

Signature of Inspector: _____ Date of Re-Inspection: _____
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: 5-16-14



Google earth

