

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

Date Stamp (Required)
 MAY 05 2014



Permit #:	14-00068
Date:	5-16-14
Amount Paid:	162.50
Refund:	

WI 3355

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.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Site Site Consulting
 Address of Property: 58617 Wilson Road
 City/State/Zip: Chicago IL 60631
 Telephone: 773 867 2961

Contractor: Will City TEC
 Contractor Phone: Mason, WI
 Plumber: _____
 Plumber Phone: 616 5100608

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Virginia Roth, Sure Site
 Agent Phone: 773 867 2961
 Agent Mailing Address (include City/State/Zip): 8710 W Bryn Mawr Ste 1300 Chicago IL 60631
 Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4, NE 1/4
W OF BRYN MAWR HWY 24
 Legal Description: (Use Tax Statement)
04-03224 6063610400010000
 Recorded Document: (i.e. Property Ownership) 577/801 Pages: 32/93

Section 36, Township 46 N, Range 06 W
 Town of: MASSON
 Lot Size: _____ Acreage: 20

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue No

Distance Structure is from Shoreline: _____ feet
 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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$65,000	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
						<input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)
 Length: _____ Width: _____ Height: 300'
 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 ()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> Residential Use	with Loft	() X ()	()
<input type="checkbox"/> Residential Use	with a Porch	() X ()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	() X ()	()
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() X ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>ANTENNA REPLACEMENT</u>	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() X ()	()
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() X ()	()
Rec'd for Iss...	Special Use: (explain)	() X ()	()
MAY 16 2014	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (and late) responsible for the detail and accuracy of all information. (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.

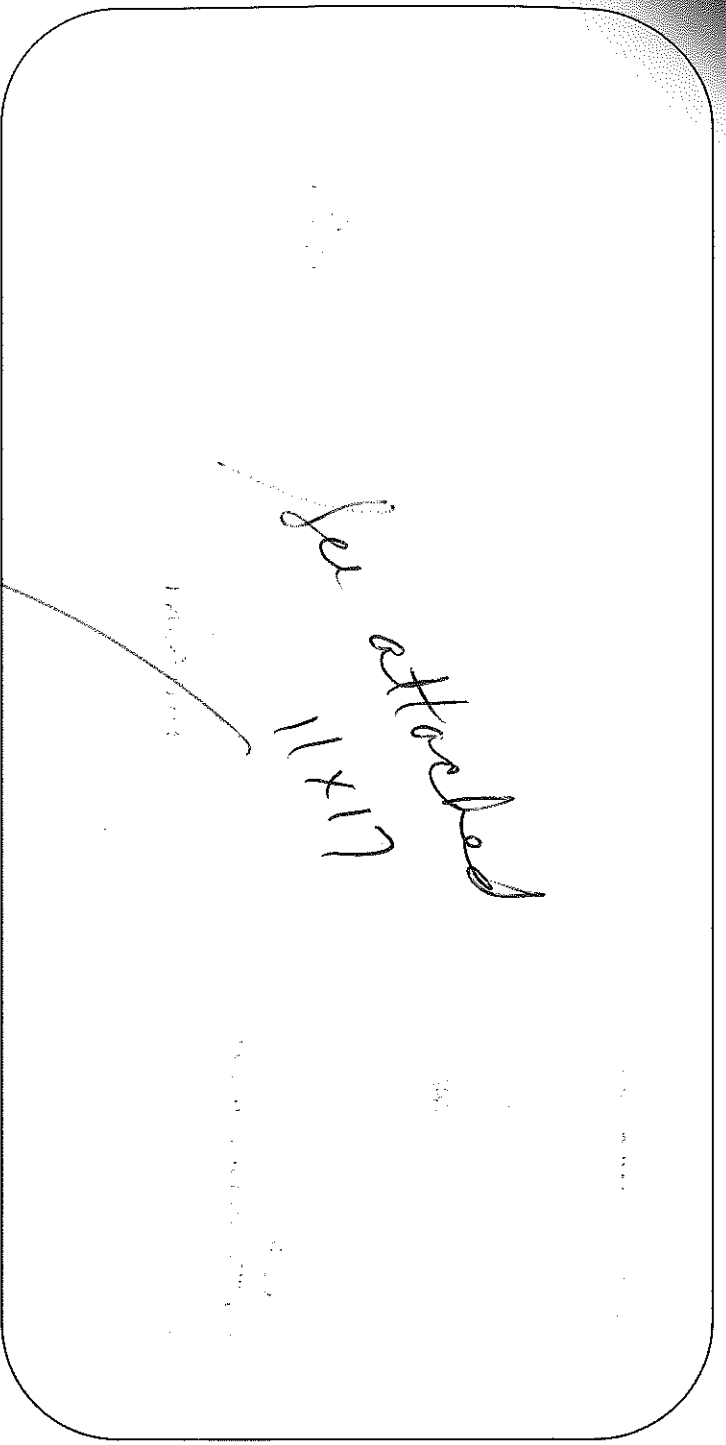
Owner(s): _____ Date: _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Walbeth Date: 4-14-14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Virginia Roth, Sure Site Consulting, 8710 W Bryn Mawr Ste 1300 Attach
 Email: chicago@sure-site.com Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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)

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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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 Dwelling: 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 #: 14-0068 Permit Date: 5-16-14

Is Parcel a Sub-Standard Lot Yes No
Is Parcel in Common Ownership Yes (Deed of Record) No
Is Structure Non-Conforming Yes (Fused/Contiguous Lot(s)) No

Granted by Variance (B.O.A.) Case #: 2012 BOP # 12-0237
 Yes No Mitigation Required Yes No Affidavit Required Yes No

Was Parcel Legally Created Yes No
Was Proposed Building Site Delineated Yes No
Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record:
Date of Inspection: 5-15-14 Inspected by: SCOTT BROWN
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if NO they need to be attached.)
Zoning District (AM1)
Lakes Classification (N/A)

Signature of Inspector: [Signature]
Date of Approval: 5-16-14

Project shall be with class II relocation parameters + shall NOT EXCEED HEIGHT RESTRICTIONS.

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

Mad County, WI

