

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)
FEB 14 2013
 Bayfield Co. Zoning Dept.

Permit #:	13-0035
Date:	4-1-13
Amount Paid:	250.00
Refund:	175.00

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: Russell + Jane Bailey Mailing Address: Pg 126 83360 Grandview City/State/Zip: PORT WINDG WI 54865 Telephone: 715-774-3311 Cell Phone: 715-590-5143

Address of Property: Morrison Road City/State/Zip: PORT WINDG WI 54865 Contractor Phone: 715-774-3311 Plumber: R. J. N. Plumbing Plumber Phone: 715-479-1715

Contractor: SELF Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION: NE 1/4, SE 1/4 Gov't Lot: Lot(s): CSM: 1000 Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume: 924 Page(s): 123

Section 9, Township 49 N, Range 8 W, PORT WINDG of: PORT WINDG

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

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 (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 90,000	<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 type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<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 type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
		<input checked="" type="checkbox"/> SLAB	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 40 Height: 8'

Proposed Construction: HOUSE Length: 32 Width: 26 Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(32 X 40)	1280
	Residence (i.e. cabin, hunting shack, etc.)	() ()	
	with Loft	() ()	
	with a Porch	() ()	
	with (2 nd) Porch	() ()	
	with a Deck	() ()	
	with (2 nd) Deck	() ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() ()	
	Mobile Home (manufactured date)	() ()	
	Addition/Alteration (specify)	() ()	
	Accessory Building (specify)	() ()	
	Accessory Building Addition/Alteration (specify)	() ()	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() ()	
	Conditional Use: (explain)	() ()	
	Other: (explain)	() ()	

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.

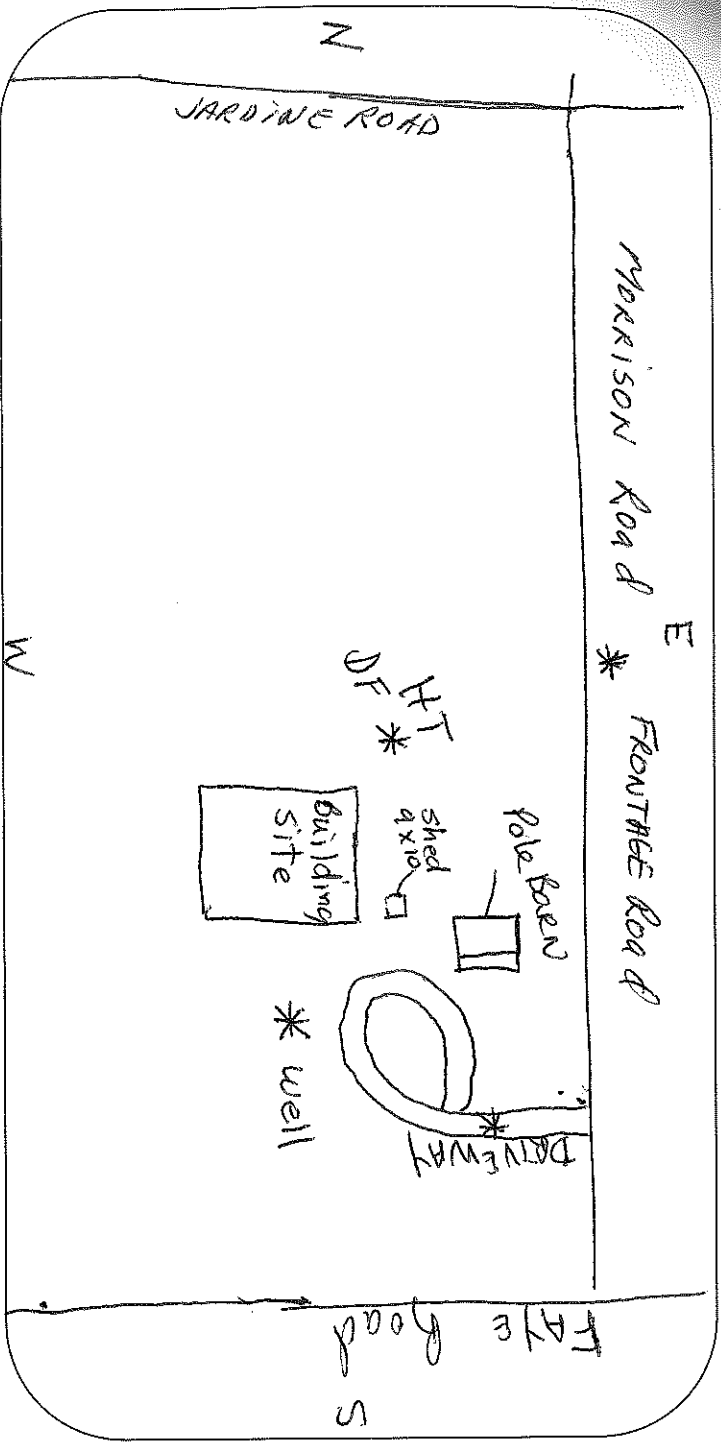
Owner(s) Bruce Bailey Jane Bailey Date FEB 13, 2013
 (if there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit Attach Copy of Tax Statement

Draw or sketch your property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of:
 - (*) 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%
 - (2) Show / Indicate: North (N) on Plot Plan
 - (3) Show Location of (*):
 - (4) Show:
 - (5) Show:
 - (6) Show any (*):
 - (7) Show any (*):



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	300 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	900 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	30 Feet
Setback to Drain Field	35 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 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: 13-11S # of bedrooms: Sanitary Date: 3-21-13

Permit Denied (Date): Reason for Denial:

Permit #: 13-0035 Permit Date: 4-1-13

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<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 Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<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
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:	<u> </u>	<u> </u>

Granted by Variance (B.O.A.) Case #:

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Check Permit is as per the representatives proposed driveway site Result may be issued

Re: Stake Construction

Date of Inspection: 2-2-13 Inspected by: DDC

Conditions: Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.

A Village Planning Code (one) permit from the local government was adopted with the help of several people.

ing a covered porch to the front of structures.

Signature of Inspector: Date of Approval:

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