

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

Date Stamp (Received)
 MAY 14 2014

ENTERED

Permit #:	14-0074
Date:	5-20-14
Amount Paid:	\$75 5-15-14
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: **MARK HOEFLING** Mailing Address: **81055 EVERGREEN RD PORT WING, WI 54865** Telephone: **715-774-3604**

Address of Property: **81055 EVERGREEN RD.** City/State/Zip: **PORT WING, WI 54865** Call Phone: **3604**

Contractor: **DUSTIN DANULA** Contractor Phone: **Plumber: 715-919-0329** Agent Mailing Address (include City/State/Zip): **52750 WHITE BIRCH RD. PORT WING, WI 54865** Written Authorization Attached Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **715-919-0329** Agent Phone: **715-919-0329** Agent Mailing Address (include City/State/Zip): **52750 WHITE BIRCH RD. PORT WING, WI 54865** Recorded Document: (i.e. Property Ownership) Yes No

PROJECT LOCATION: **SE 1/4, SE 1/4** Legal Description: (Use Tax Statement) **PLN: (23 digits) 04-** Volume: _____ Page(s) _____

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section **1**, Township **49** N, Range **9** W Town of: **ORIENTA** Lot Size _____ Acreage **4.0**

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: **140** feet

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

Wetlands 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
\$2600	<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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: H-T <input type="checkbox"/> Privy (Priv) 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: **12'** Width: **14'** Height: **26'**

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(_____) (_____) (_____) (_____) (_____) (_____) (_____) (_____)	(_____) (_____) (_____) (_____) (_____) (_____) (_____) (_____)
<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)	(_____)	(_____)
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(_____)	(_____)
	Addition/Alteration (specify) DECK	(12' X 14")	168 sq ft
	Accessory Building (specify) _____	(_____)	(_____)
	Accessory Building Addition/Alteration (specify) _____	(_____)	(_____)
	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.

Owners(s): **Mark & Roxy** Date: **14 MAY 2014**
 (if there are Multiple Owners listed on this permit All Owners must sign or letter(s) of authorization must accompany this application)

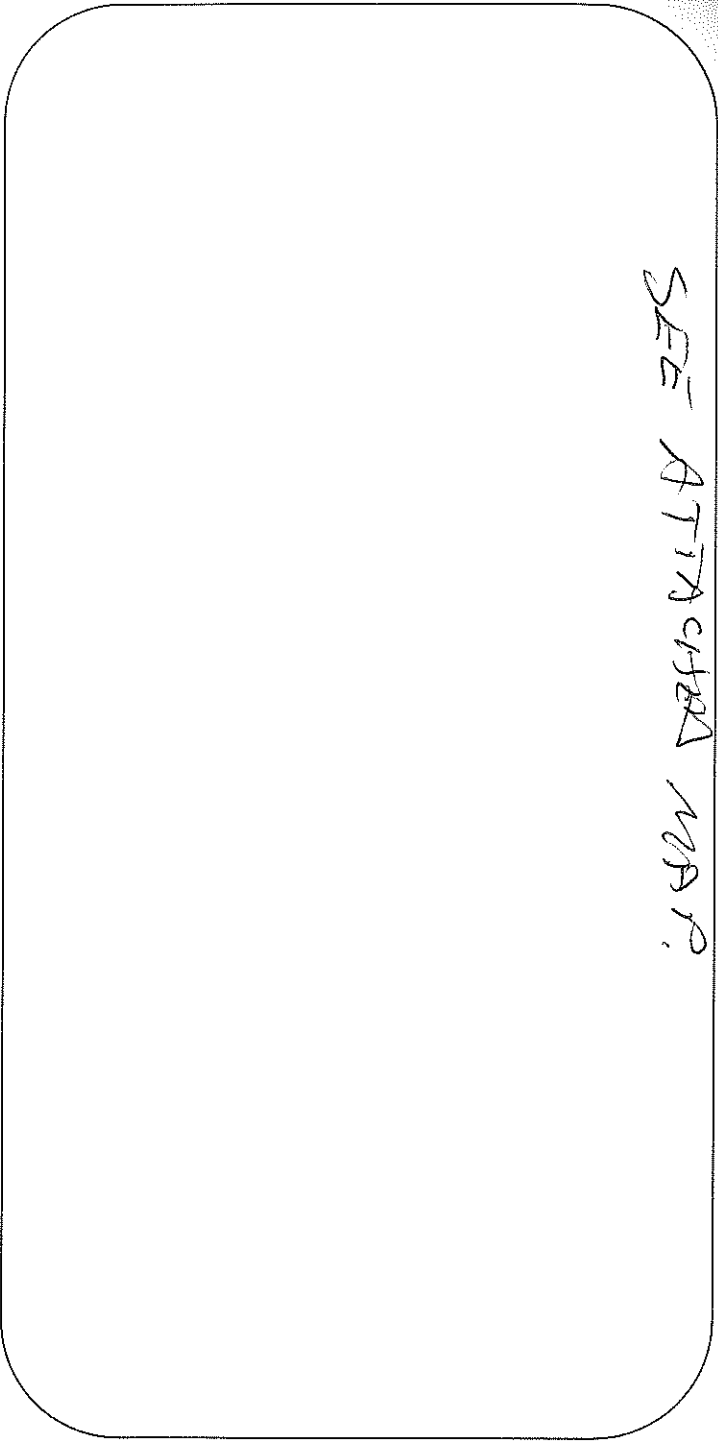
Authorized Agent: _____ Date: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: **81055 EVERGREEN RD. PORT WING, WI 54865** Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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%

SEE ATTACHED MAP



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	600 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	600 Feet	Setback from the River, Stream, Creek	140 Feet
Setback from the North Lot Line	1025 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	205 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	660 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	225 Feet	Setback to Well	210 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A 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: 467102	# of bedrooms: _____	Sanitary Date: 10-22-2004		
Permit Denied (Date): _____		Reason for Denial: _____				
Permit #: 14-0594	Permit Date: 5-02-14					
<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 checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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		
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner 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: Property owner present for inspection						
Date of Inspection: 5-20-14	Inspected by: J. CROMBIE, WUEPKS	Zoning District: R-1	Lakes Classification: 3 (Lakes)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection: _____				
Signature of Inspector: _____		Date of Approval: 5-22-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Field County, WI

