

SUBMITTER: 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 (Required)

MAY 28 2014  
 Bayfield County Planning Dept

**ENTERED**

|              |               |
|--------------|---------------|
| Permit #:    | 14-00810      |
| Date:        | 5-29-14       |
| Amount Paid: | \$70 Cash Pat |
| Refund:      | 5-27-14 MF    |

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: JAMES & PATRICE GILMORE Mailing Address: 703 Rossbach St Eau Claire, WI 54701 Telephone: 715 835-8984

Address of Property: 52160 Moen Rd City/State/Zip: Barnes, WI 54873 Cell Phone: \_\_\_\_\_

Contractor: SECC JOHNSON (Cozy Homes) Contractor Phone: 612-803-0775 Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

PROJECT LOCATION: Section 33, Township 45 N, Range 9 W Town of: Barnes Lot Size: \_\_\_\_\_ Acreage: 10.0

Legal Description: (Use Tax Statement) 1/4, S20 1/4, S1/4 N1/4 PIN: (23 digits) 04-004-2-45-09-33-301-000-30000 Recorded Document: (i.e. Property Ownership) Volume: 1042 Page(s): 300

Shoreland  Non-Shoreland

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

Distance Structure is from Shoreline: \_\_\_\_\_ feet

Distance Structure is from Floodplain: 100+ feet

Is Property in Floodplain Zone?  Yes  No

Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* include donated time & material | Project<br>(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>30,000</u>   | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cow V</u> | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> _____  | <input type="checkbox"/> 3                            | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)  | <input type="checkbox"/> _____   |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input type="checkbox"/> Basement                                     | <input type="checkbox"/> _____                        | <input type="checkbox"/> Portable (w/service contract)   | <input type="checkbox"/> _____   |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           | <input type="checkbox"/> No Basement                                  | <input checked="" type="checkbox"/> None              | <input type="checkbox"/> Compost Toilet  | <input type="checkbox"/> _____   |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> Foundation         | <input type="checkbox"/> Foundation                                   | <input type="checkbox"/> _____                        | <input type="checkbox"/> _____   | <input type="checkbox"/> _____   |

Existing Structure: (if permit being applied for is relevant to it) Length: 50 Width: 35 Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: 35 Height: 18

| 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 <sup>nd</sup> ) Porch   | ( ) X ( )                 | ( )            |
|   | with a Deck   | ( ) X ( )                 | ( )            |
|   | with (2 <sup>nd</sup> ) Deck  | ( ) X ( )                 | ( )            |
|   | with Attached Garage  | ( ) X ( )                 | ( )            |
| <input type="checkbox"/> Commercial Use             | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | ( ) X ( )                 | ( )            |
|   | Mobile Home (manufactured date) _____   | ( ) X ( )                 | ( )            |
| <input type="checkbox"/> Municipal Use              | Addition/Alteration (specify) _____   | ( ) X ( )                 | ( )            |
|   | Accessory Building (specify) <u>Pole barn</u>   | ( <u>35</u> X <u>50</u> ) | <u>1750</u>    |
|   | Accessory Building Addition/Alteration (specify) _____                                      | ( ) X ( )                 | ( )            |
| Rec'd for Issuance                                  | Special Use: (explain) _____  | ( ) X ( )                 | ( )            |
|   | Conditional Use: (explain) _____  | ( ) X ( )                 | ( )            |
|   | Other: (explain) _____  | ( ) X ( )                 | ( )            |

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 legal 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 the 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.

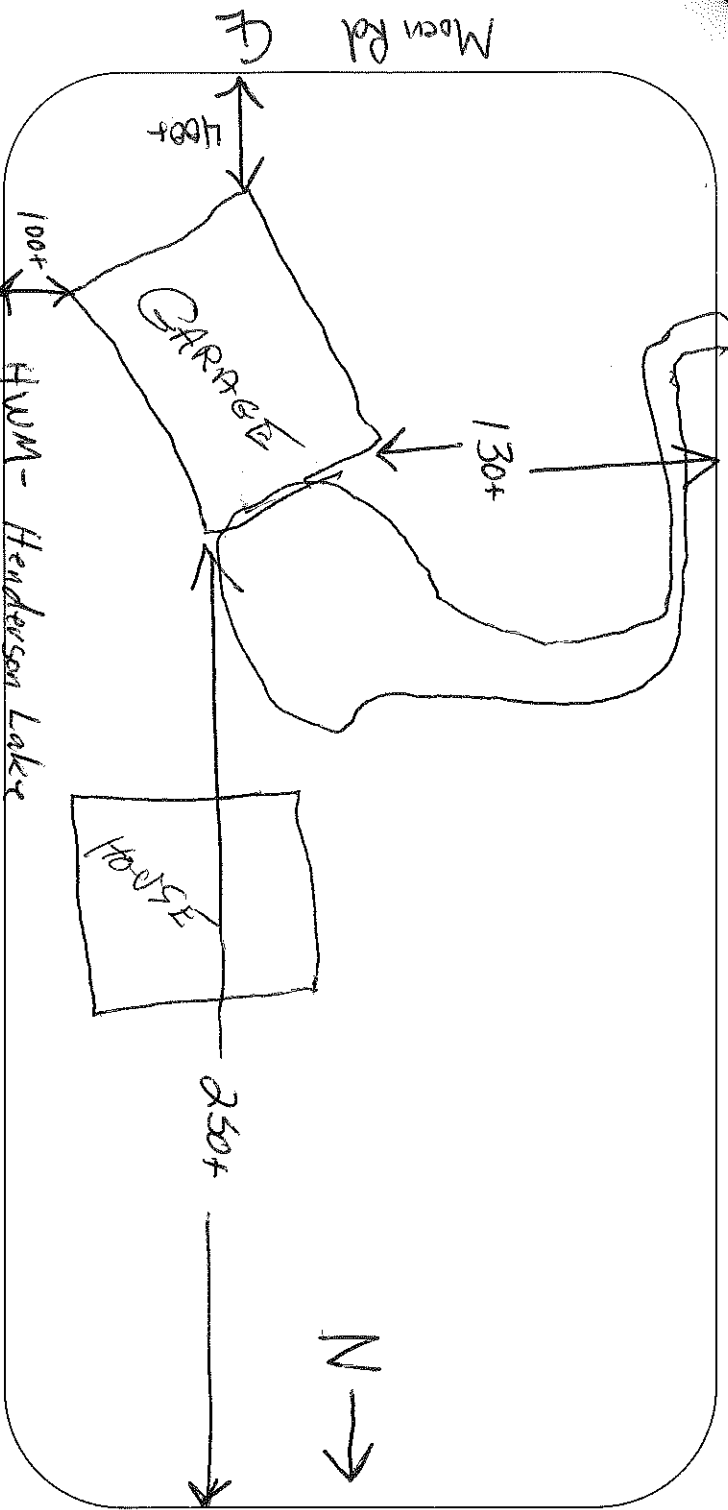
Owner(s): James & Patrice Gilmore Date 5-27-14

Auth or Lead Agent: \_\_\_\_\_ Date \_\_\_\_\_

Address to send permit same as above Attach Copy of Tax Statement

**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 | 400+ Feet   | Setback from the Lake (ordinary high-water mark) | 100+ Feet   |
| Setback from the Established Right-of-Way   | 400+ Feet   | Setback from the River, Stream, Creek            | NA Feet     |
| Setback from the North Lot Line             | 350+ Feet   | Setback from the Bank or Bluff                   | NA Feet     |
| Setback from the South Lot Line             | 350+ Feet   | Setback from Wetland                             | 100+ Feet   |
| Setback from the West Lot Line              | 130+ Feet   | Setback from 20% Slope Area                      | NA Feet     |
| Setback from the East Lot Line (lake)       | NA Feet     | Elevation of Floodplain                          | NA Feet     |
| Setback to Septic Tank or Holding Tank      | 30+ Feet    | Setback to Well                                  | 50+ Feet    |
| Setback to Drain Field                      | 30+ Feet    |  |             |
| Setback to Privy (Portable, Composting)     | NA 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.

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number: 404332   | # of bedrooms: 3   | Sanitary Date: 6-26-03  |  |
| Permit Denied (Date):   |   | Reason for Denial:  |  |   |  |
| Permit #: 14-0086   | Permit Date: 5-29-14  |   |  |   |  |
| <input type="checkbox"/> Is Parcel a Sub-Standard Lot<br><input type="checkbox"/> Is Parcel in Common Ownership<br><input type="checkbox"/> Is Structure Non-Conforming   | <input type="checkbox"/> Yes (Deed of Record)<br><input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> No  | <input type="checkbox"/> Mitigation Required<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Affidavit Required<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Granted by Variance (B.O.A.)<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | Case #:   | <input type="checkbox"/> Previously Granted by Variance (B.O.A.)<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Case #:  |   |  |
| <input type="checkbox"/> Was Parcel Legally Created<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Were Property Lines Represented by Owner<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| Inspection Record:<br><i>Well staked. Well still not back.</i>  |   | Inspected by: <i>M. Fuchs</i>   |  |   |  |
| Date of inspection: 5-27-14   |   | Zoning District (F-1)<br>Lakes Classification (3)   |  |   |  |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)<br><i>May not be used for human habitation. No water under pressure in structure.</i> |   | Date of Re-Inspection:  |  |   |  |
| Signature of Inspector: <i>Michael Fuchs</i>  |   | Date of Approval: 5-28-14   |  |   |  |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>  | Hold For Affidavit: <input type="checkbox"/>  | Hold For Fees: <input type="checkbox"/>  |   |  |