

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 13 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-0115
Amount Paid:	\$755-18-14
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: GARY R. CARLSON Mailing Address: 9175 Sunnyside Ln, Port Wing, WI 54865 Telephone: 715-774-3606

Address of Property: 9175 Sunnyside Ln. City/State/Zip: Port Wing WI 54865 Cell Phone:

Contractor: SELF Contractor Phone: 715-774-3606 Plumber: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-774-3606 Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: NW 1/4, NW 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume 315 Page(s) 499

Section 33, Township 50 N, Range 8 W Town of: Port Wing Lot Size 102' by 373' Acreage 15

Shoreland Non-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: feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue 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
<u>\$7,000</u>	<input type="checkbox"/> New Construction <input checked="" 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" 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 type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 12 Width: 11 Height: 15' egypt 12'

Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input 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 Attached Garage	(X) (X) (X) (X) (X) (X)	
<input checked="" type="checkbox"/> Rec'd for Issuance Commercial Use <u>JUN 10 2014</u>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) <u> </u> Addition/Alteration (specify) <u>entry / mud room</u> Accessory Building (specify) <u> </u> Accessory Building Addition/Alteration (specify) <u> </u>	(X) (X) (12 X 11) (X) (X)	 (132 sq ft)
<input type="checkbox"/> Secretarial Staff	Accessory Building (specify) <u> </u>	(X)	
<input type="checkbox"/> Rec'd for Issuance Municipal Use <u>MAY 27 2014</u>	Special Use: (explain) <u> </u> Conditional Use: (explain) <u> </u> Other: (explain) <u> </u>	(X) (X) (X)	
<input type="checkbox"/> Secretarial Staff	Accessory Building Addition/Alteration (specify) <u> </u>	(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 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): Gary R. Carlson Both of Carlson Date 05/13/2014

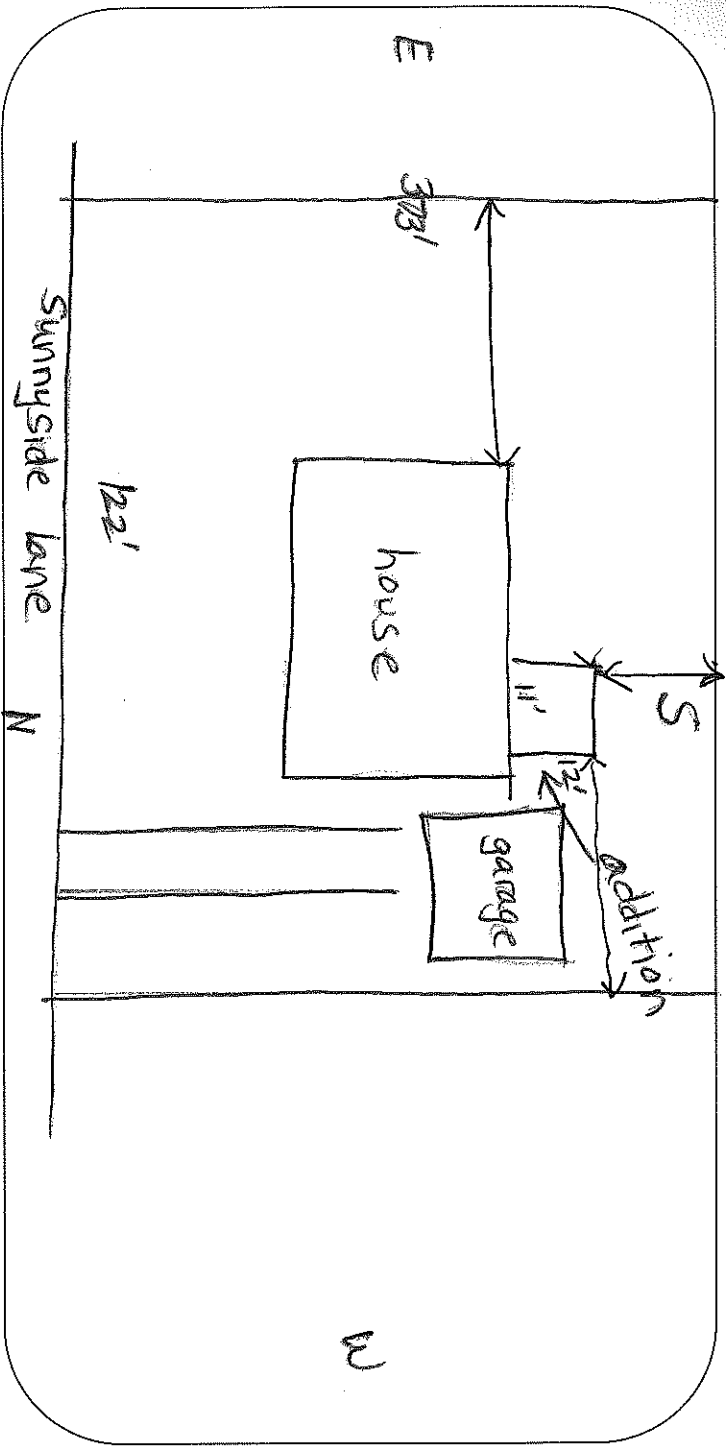
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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)

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	75 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	35 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	60 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		Setback to Well	CITY Feet
Setback to Drain Field			
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 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)

Permit Denied (Date): _____ Sanitary Number: CITY # of bedrooms: _____ Sanitary Date: _____

Permit #: 14-0115 Permit Date: 6-10-14

Is Parcel a Sub-Standard Lot Yes No As per 2005

Is Parcel in Common Ownership Yes No As per 2005

Is Structure Non-Conforming Yes No As per 2005

Granted by Variance (B.O.A.) Yes No Waiver to confirm property previously

Case #: _____

Was Parcel Legally Created Yes No Existing deed

Were Property Lines Represented by Owner Was Property Surveyed Yes No As per 2005

Inspection Record: Property lines on 122' wide lot not marked. No survey. Previous permit application was sure where property boundaries are. Previous permit application for garage in 2005 does not report property boundary in same location.

Date of Inspection: 5-20 Inspected by: GREENBERG WURPTZ

Conditions of Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

REVIEWER CALL FROM SUPERVISOR KENNETH JEDINE WAS DIRECTED TO ISSUE THE PERMIT FOR ADDITION/ALTERATION W/O CONFIRMATION OF WEST PROPERTY SIDE LINE.

Signature of Inspector: _____ Date of Approval: 5-27-14

Hold For Sanitary: _____ Hold For FBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

ADDITION Reported 35' from property line. Garage = 26' wide + Reported 12' from property line in 2005. 26+12=38'. + Distance between garage + building = 35'.