

Rec'd for Issuance

JUN 27 2014

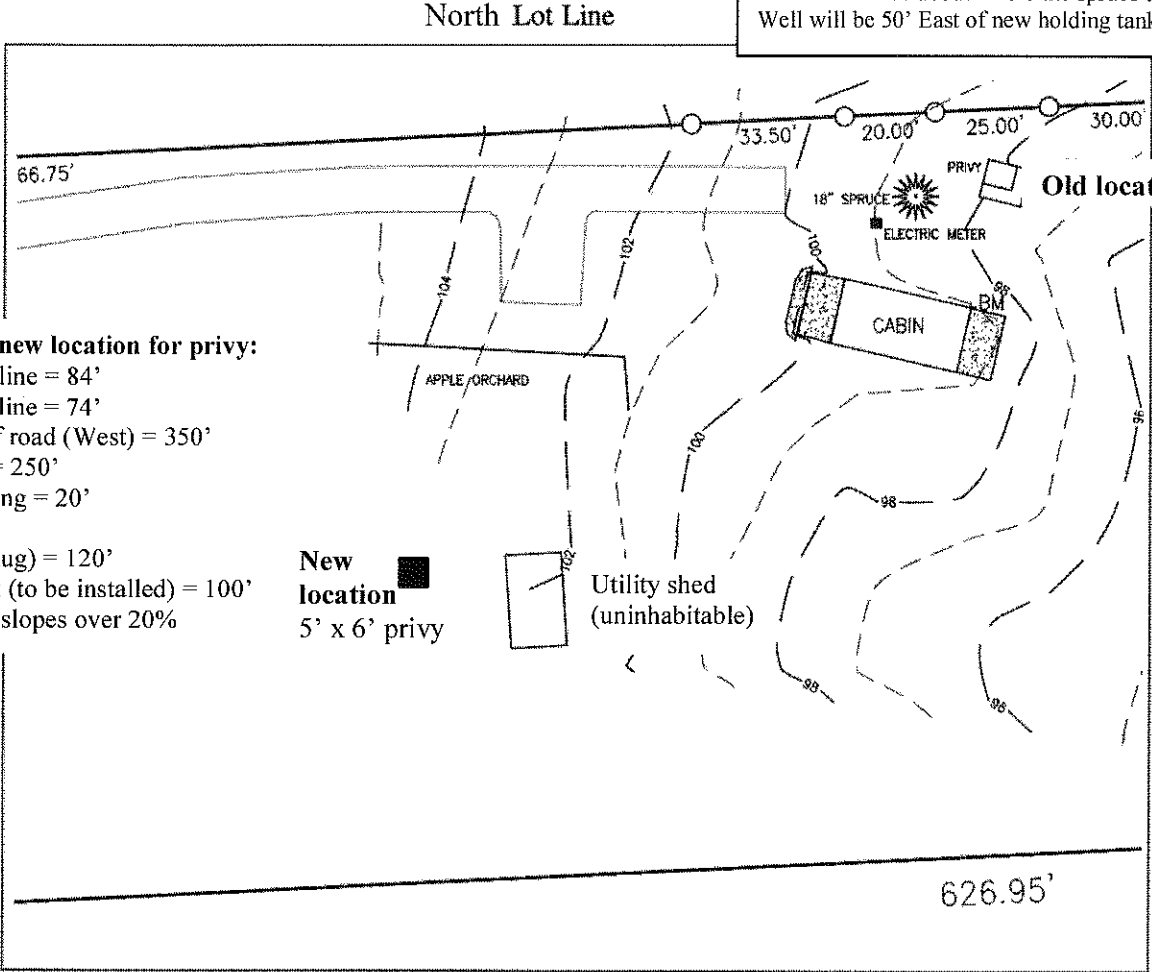
# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



<b>I. APPLICATION INFORMATION</b> (Please Print All Information)			Soil Test No:		County Permit No: <u>14-0159</u>						
Property Owner's Name <u>Charles Peek and Peggy Trezona</u>			County: <b>Bayfield</b>								
Address of Property <u>89100 E. Romans Point Rd, Cornucopia</u>			Property Location: STR: <u>S29 T51N R06W</u>		<u>1/4 S 29 T 51 N, R 06 E 100 W</u>						
Property Owner's Mailing Address <u>4453 Aldrich Ave. S.</u>			Township <u>Bell</u>		Gov. Lot #:						
City, State <u>Minneapolis MN</u>	Zip Code <u>55419</u>	Phone Number <u>612-827-5254</u>	Lot #	Block #:	Subdivision Name or CSM #:						
<b>II. TYPE OF BUILDING: (Check One)</b>			Lot A in CSM #627 in V.638 P.27 being a par in govt lot 1								
<input type="checkbox"/> State Owned			Parcel ID Pin: <u>04-010-2-51-06-29-4 05-001-70000</u>								
<input type="checkbox"/> Public (Explain the use/purpose _____)			Tax Number(s): <u>7759</u>								
<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>1</u>											
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>											
A) <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor											
1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input checked="" type="checkbox"/> <del>Revision</del> ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)											
Move to new location as per 2013 discussion with zoning officer <u>MOVE PRIOR TO NEW LOCATION</u>											
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u>9063</u> Date Issued: <u>7/30/90</u>											
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>											
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>200</u> gallons or _____ cubic yards) <u>concrete/PVC culvert type</u>											
<input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet											
<b>V. ABSORPTION SYSTEM INFORMATION:</b>											
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)					
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
Septic Tank or Holding Tank		New Tanks	Existing Tanks		<u>plastic culvert w cement bottom</u>		<input checked="" type="checkbox"/>				
Lift Pump Tank / Siphon Chamber											
<b>VII. RESPONSIBILITY STATEMENT:</b>											
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.											
Plumber's / Owner's Name: (Print) <u>Charles J. Peek</u>				Plumber's / Owner's Signature: (No Stamps) <u>Charles J. Peek</u>				MP/MPRSW No:			
Plumber's Address: (Street, City State, Zip Code) <u>4453 Aldrich Ave. S.; Minneapolis MN 55419</u>						Home Phone: <u>612-827-5254</u>			Business Phone:		
<b>VIII. COUNTY / DEPARTMENT USE ONLY.</b>											
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Sanitary Permit/Transfer Fee: <u>\$150 6/11/14</u>		Date Issued: <u>6-27-14</u>		Issuing Agent's Signature / Date: <u>[Signature] 6-20-14</u>			
		<input type="checkbox"/> Owner Given Initial Adverse Determination									
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>											
<u>EXISTING PRIVY MUST BE ABANDONED PER CODE. PRIVY SHALL BE MAINTAINED PER RECORDED AGREEMENT. PRIVY SHALL BE LOCATED AT LEAST 10' FROM SIDE PROPERTY LINE + 15' FROM ANY BUILDING.</u>											

Plot Plan on reverse side

Cabin addition (permit applied for) will be just East and South of old privy location.  
 New HT will be about where the spruce tree is shown.  
 Well will be 50' East of new holding tank



- Distances from new location for privy:**
- North property line = 84'
  - South property line = 74'
  - To centerline of road (West) = 350'
  - To lake (East) = 250'
  - To utility building = 20'
  - To cabin = 80'
  - To well (to be dug) = 120'
  - To holding tank (to be installed) = 100'
  - No wetlands or slopes over 20%

**New location**  
 5' x 6' privy



**IMPORTANT  
 DETAILED PLOT PLAN  
 IS NECESSARY, FOLLOW  
 STEPS 1-7 COMPLETELY**

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 

<ol style="list-style-type: none"> <li>a. Building to all lot lines</li> <li>b. Building to centerline of road</li> <li>c. Building to lake, river, stream or pond</li> <li>d. Septic / holding tank to closest lot line</li> <li>e. Septic/holding tank to building</li> <li>f. Septic / holding tank to well</li> <li>g. Septic / holding tank to lake, river, stream or pond</li> <li>h. Privy to closest lot line</li> </ol>	<ol style="list-style-type: none"> <li>i. Privy to building</li> <li>j. Privy to lake, river, stream or pond</li> <li>k. Drain field to closest lot line</li> <li>l. Drain field to building</li> <li>m. Drain field to well</li> <li>n. Drain field to lake, river, stream or pond</li> <li>o. Well to building</li> </ol>
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**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891  
 (715) 373-6138

u/forms/sanitaryapplication1  
 June 2006

**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**

**ENTERED**

Date Stamp (Received)  
 JUN 18 2014

Permit #:	14-0163
Date:	6-30-14
Amount Paid:	\$175 \$105
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: **DEBORAH KONECHNE** Mailing Address: **984 Galtier St** City/State/Zip: **St Paul, MN 55117** Telephone: **651-487-0574**

Address of Property: **8989 D'SVINT RD.** City/State/Zip: **Cornucopia, WI 54827** Cell Phone: **612-876-4321**

Contractor: **OWNERS** Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

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

**PROJECT LOCATION** Legal Description: (Use Tax Statement) **51/2 NW 1/4 NW 1/4 NW 1/4 NW 1/4** PIN: (23 digits) **04-010-2-51-06-25-202-000-3008** Recorded Document: (i.e. Property Ownership) **1102** Page(s) **743**

Section **25**, Township **51** N, Range **6** W Town of: **BELL** Lot Size **330' X 1320'** Acreage **10**

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

Non-Shoreland

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
\$30,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Private
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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

Proposed Construction: Length: **30'** Width: **18'** Height: **18'**

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.)	<b>18x30 = 540 sq ft.</b>	<b>540</b>
	with Loft <b>(18x18 = 324 sq ft)</b>	<b>(18x30)</b>	
	with a Porch	( )	( )
	with (2 <sup>nd</sup> ) Deck	( )	( )
	with a Deck	<b>(10x16)</b>	<b>160</b>
<input type="checkbox"/> Commercial Use	Bunthouse 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)	( )	( )
	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.

Owner(s): Deborah & Kenneth Date 5/14/14

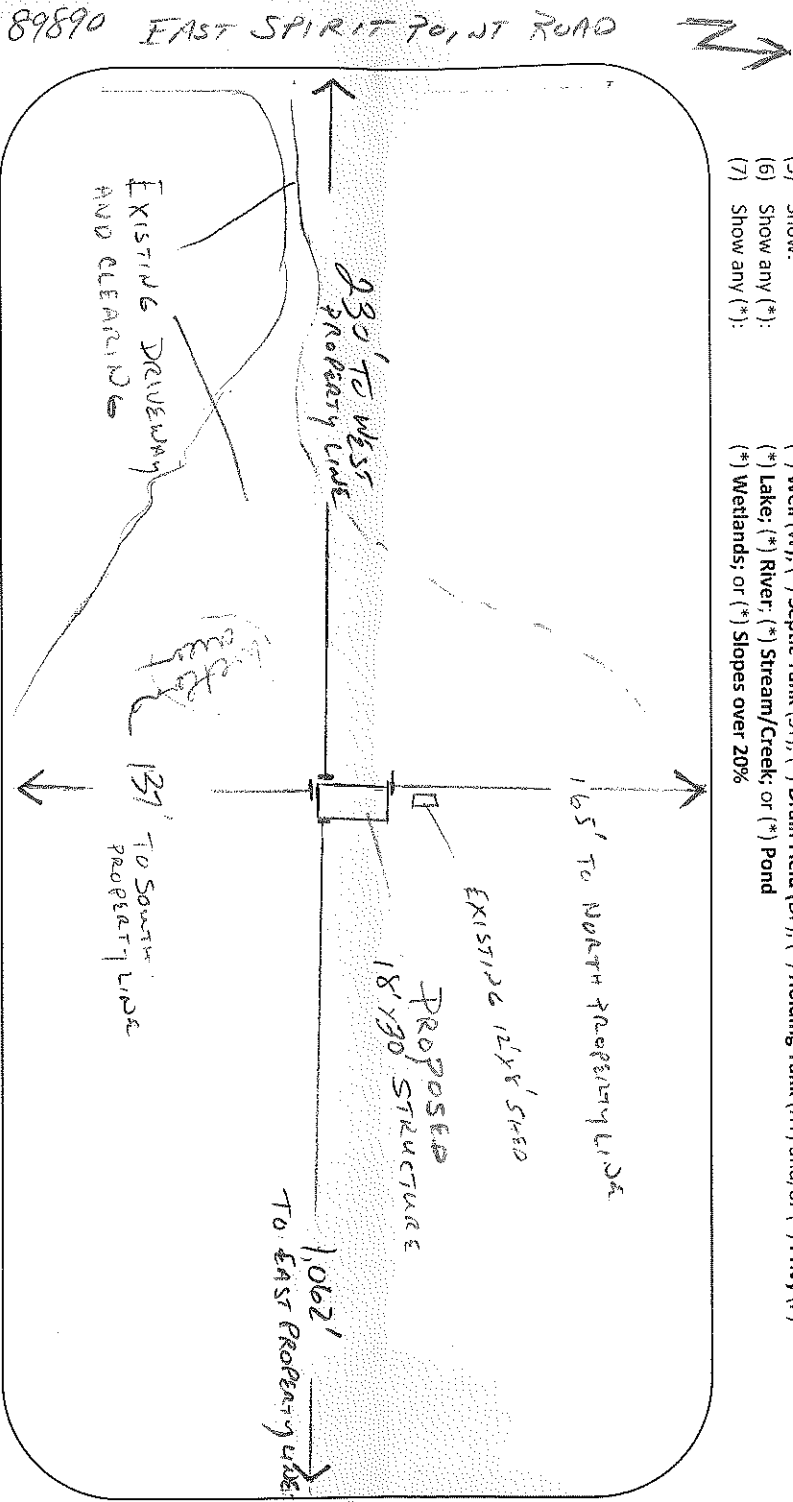
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

Address to send permit 984 Galtier St, St. Paul, MN 55117 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: 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/or (\*) 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	250 Feet	Setback from the Lake (ordinary high-water mark) N/A	N/A
Setback from the Established Right-of-Way	250 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	165 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	137 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	250 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	1062 Feet	Elevation of Floodplain	1
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the maximum 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: PRIVY # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 14-0163 Permit Date: 10-30-14

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

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No  No  No  No  No  No  No  
 Was Proposed Building Site Delineated  Yes  No  Yes  No  No  No  No  No  No

Inspected by: Jeanmarie Murphy Date of Re-Inspection: \_\_\_\_\_

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached)  
Building not approved for indoor plumbing fixtures connected to pressurized water. No land disturbing activities allowed in wetlands unless permit from WDA is granted.

Signature of Inspector: \_\_\_\_\_ Date of Approval: 10-27-14

Hold For Sanitary:  \_\_\_\_\_ Hold For TB:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_