

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  
 RECEIVED  
 JUN 20 2014  
 Bayfield Co. Zoning Dept.

Permit #:	14-0167
Date:	7-2-14
Amount Paid:	\$500-6-24-14
Refund:	\$605 6-17-14

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.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Meierd HO Chase Mailing Address: 33590 Gary Rd. City/State/Zip: Washburn WI 54891 Telephone: \_\_\_\_\_

Address of Property: 33590 Gary Rd. City/State/Zip: Washburn WI 54891 Cell Phone: 715-292-3236

Contractor: Economy Garages Contractor Phone: \_\_\_\_\_ 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: Cost 425 Fr of SE 1/4, SW 1/4 Sec 1 Legal Description: (Use Tax Statement) 04-008249642840300012000 PIN: (23 digits) \_\_\_\_\_

Govt Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_

Section 28, Township 49 N, Range 4 W Town of: Bayview

Recorded Document: (i.e. Property Ownership) Volume 1086 Page(s) 336-37 Subdivision: \_\_\_\_\_

Lot Size \_\_\_\_\_ Acreage 5.0+

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage  Yes  No

If Yes--continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$16,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" 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>HT</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
	<input checked="" type="checkbox"/> Garage	<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 40' Height: 12'

Proposed Construction: Pre-Zoning = 18 x 12

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 <sup>nd</sup> ) Porch	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	(24 x 40)	960
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>breccery + garage</u>	(24 x 40)	960
	Accessory Building (specify) <u>18x12 29ft 6 in</u>	( ) ( )	( )
	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 for any reasonable purpose for the purpose of inspection.

Owner(s): Meierd HO Chase Date 6/20/14

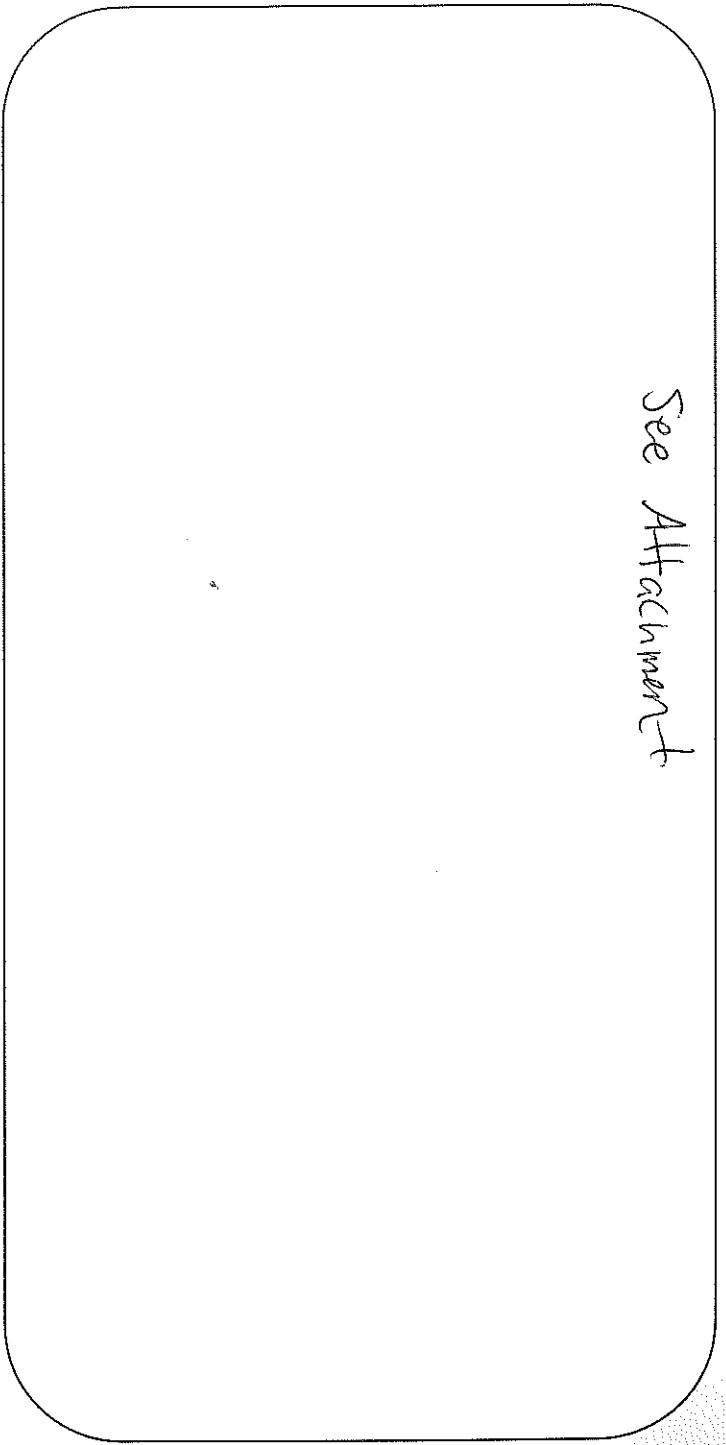
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit \_\_\_\_\_ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Attach \_\_\_\_\_ Copy of Tax Statement  
 Address to send permit \_\_\_\_\_ (if you recently purchased the property send your Recorded Deed)

the 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 (\*) 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 Attachment



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)	NA Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	230 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	230 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	135 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	180 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	> 50' Feet
Setback to Drain Field	NA 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 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.

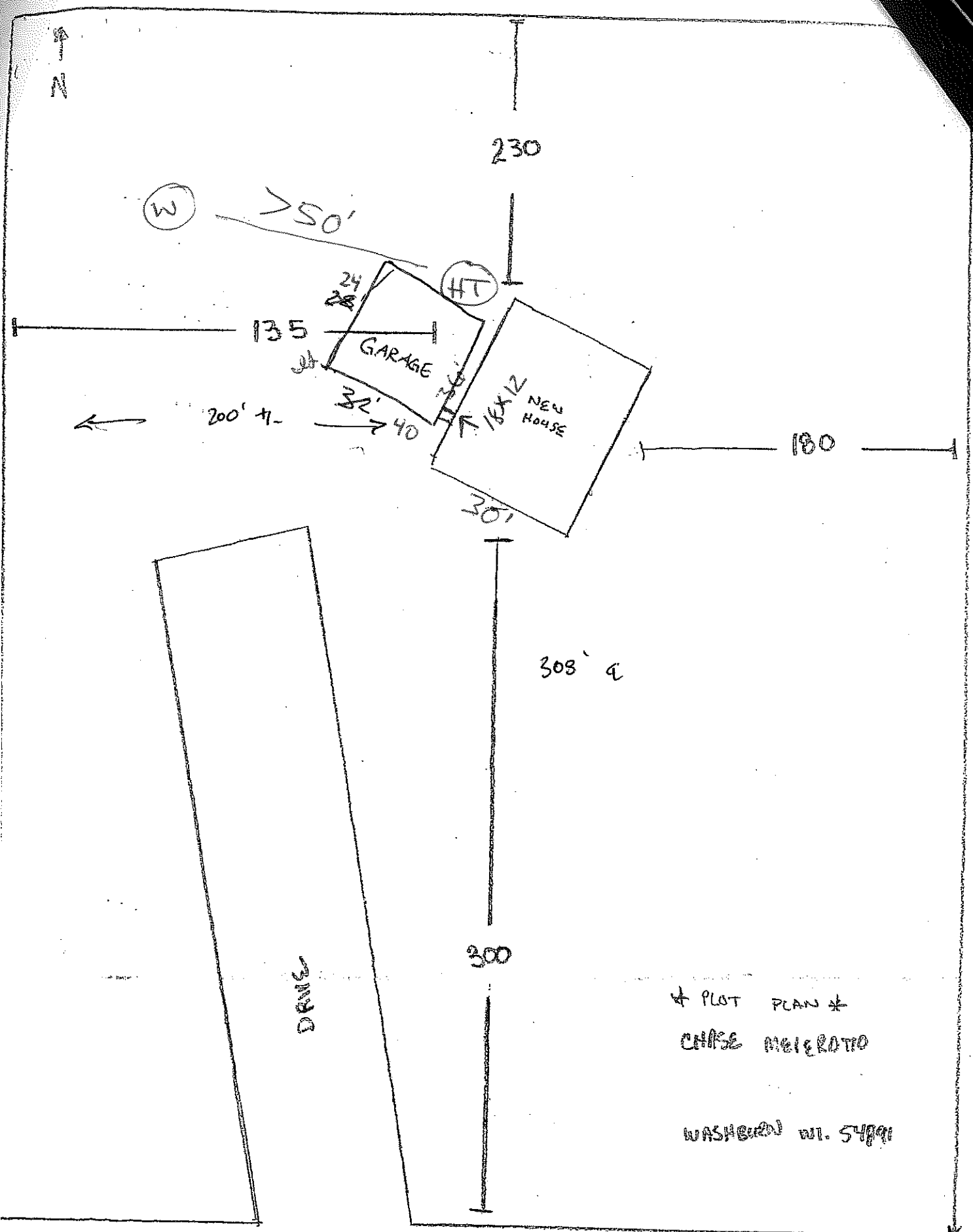
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>B-1245</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>1-20-13</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>14-0167</u>		Permit Date: <u>7-8-14</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deed of Record	<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 <input checked="" type="checkbox"/> No	Fused/Contiguous Lot(s)	<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	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Case #:		Case #:			
Was Parcel Legally Created		Were Property Lines Represented by Owner		Was Property Surveyed	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>sand left waterfall. previous greek approved in this location never built.</u>		Zoning District: <u>R2B</u>		Lakes Classification: <u>NA</u>	
Date of Inspection: <u>6-22-14</u>		Inspected by: <u>J. Cronshaw Murphy</u>		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
Any REQUIREN W/C PERMITS/INSPECTIONS for addition shall be obtained & compiled with.					
Signature of Inspector:		Date of Approval: <u>6-30-14</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For IBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		



\* PLOT PLAN \*  
CHASE MEIEROTTO

WASHINGTON WI. 54891

PLC CENTER  
RECONSTRUCTED w/ 4  
PWD WOOD POST