

STATEMENT OF 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)
 JUN 20 2014
 Bayfield Co. Zoning Dept.



Permit #: 14-0194
 Date: 7-7-14
 Amount Paid: \$185 \$5073-14
 Refund: 6-24-14

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: Rick Rowing
 Address of Property: 79485 N. Menisto
 City/State/Zip: Washburn, WI 54891
 Contractor: Plumber: 763447 1353
 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: Legal Description: (Use Tax Statement)
 Section 13, Township 49 N, Range 5 W
 Town of: Bayview
 Lot Size: _____ Acreage: 10
 PIN: (23 digits) 04-088-2-44-05-13-3-02-000 10000
 Volume: 1026 Page(s): 113
 Subdivision: _____

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	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 1200	<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 type="checkbox"/> ATE	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: HT <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: 16' Width: 16' Height: 12'
 Proposed Construction: _____

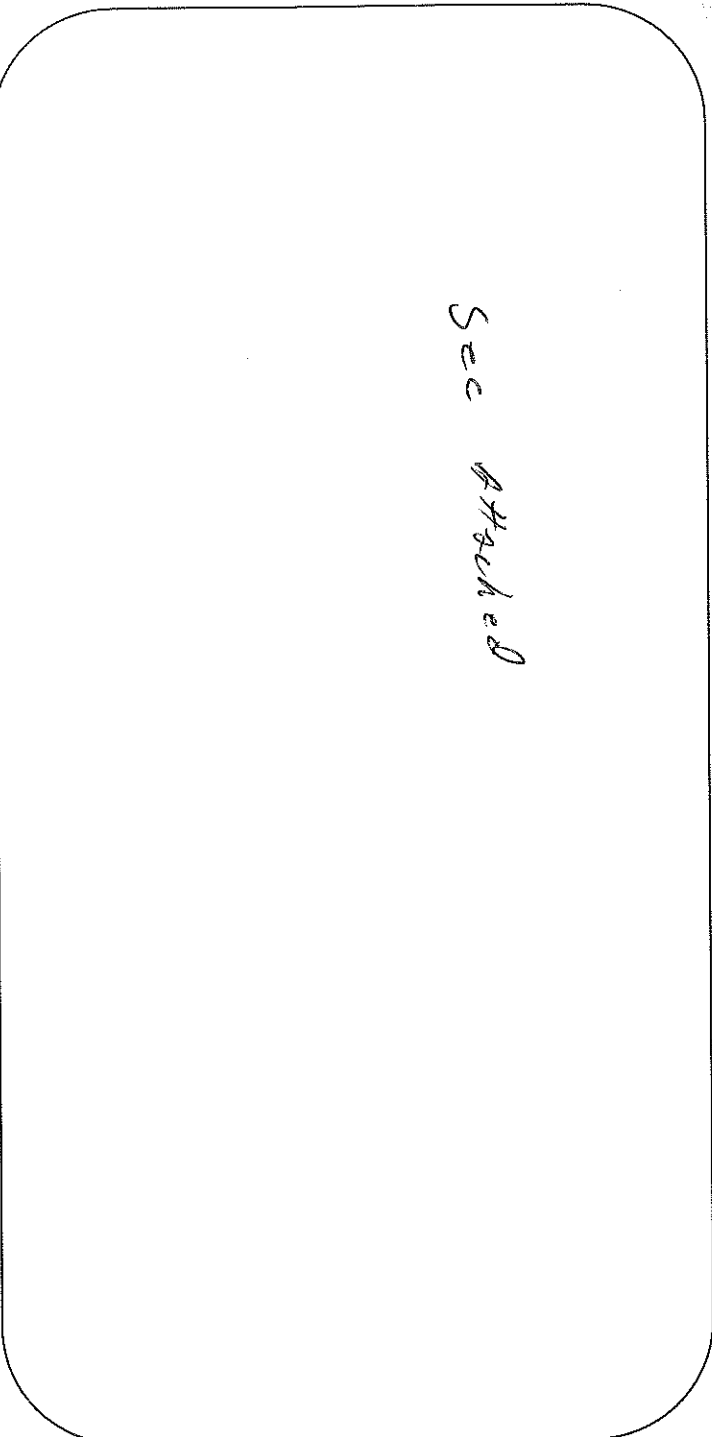
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Deck with a Deck with (2nd) Deck with Attached Garage	8 x 16 X X X X X X X X X X X X	256 128 128
<input type="checkbox"/> Commercial Use	Bunhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	X	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	X	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	X	
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	X	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	X	
Rec'd for Issuance	Special Use: (explain)	X	
JUL 07 2014	Conditional Use: (explain)	X	
Secretariat Staff	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 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): _____ Date: 7-7-14
 Authorized Agent: _____ Date: _____
 Address to send permit: _____
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

- (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



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	Closest marked	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	130 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	4-200 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	300 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	4-185 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	7-100 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	5-5 Feet	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 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 marked by a licensed surveyor at the owner's expense.

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 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: (3) RV # of bedrooms: _____ Sanitary Date: 7-2-14

Permit #: 14-0744 Reason for Denial: Holding tank not approved to service building - to service RV only

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (Fused/Contiguous Lot(s)) Yes No Mitigation Required Yes No Affidavit Attached Yes No

Is Parcel in Common Ownership Yes No Structure Non-Conforming Yes No Mitigation Attached Yes No Affidavit Attached Yes 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 Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No ATE Was Property Surveyed Yes No

Inspection Record: 16X16 APPROX. RV ON SITE AS WELL.

Date of Inspection: 6-24-14 Inspected by: J. CRENSHAW, MURPHY

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

BUILDING SHALL NOT BE USED FOR HUMANS HABITATION (SLEEPING QUARTERS) UNLESS SPECIAL CLASS USE IS APPLIED FOR APPROVED AND A UNIFORM DWELLING CODE PERMIT OBTAINED.

Signature of Inspector: _____ Date of Approval: 7-2-14

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

October 2013 IF BUILDING IS USED FOR HABITATION WHO PERMIT AFTER THE FEE FEES = MINIMUM 6450 + possible citations

The screenshot displays the Bayfield County Zoning Spatial Flex Viewer interface. The main map area shows an aerial view of a rural property with a road and a building. A dark vertical bar is present in the center of the map. The interface includes several panels and controls:

- Top Left:** Bayfield County Zoning logo and navigation icons. Coordinates are shown as X: 802672.17, Y: 507801.91. The current action is "Select by Point".
- Top Right:** A dropdown menu for "Parcel Zoning" is set to "Barksdale".
- Right Panel:** A "Parcel Search" window titled "Features Selected: 1" with a "Create Avery Mailing Labels" button. The selected feature details are:
 - ROHING
 - STATE: MN
 - CITY: ROGERS
 - FIRST NAME: RICHARD T & JEAN M
 - ZIP: 55374
 - MAIL ADDRESS: 25150 TUCKER RD
- Bottom Left:** A scale bar showing 200 meters and 500 feet.
- Bottom Center:** A "Current theme: Zoning" indicator.