

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 15 2014

Permit #:	14-0185
Date:	7-9-14
Amount Paid:	\$185-52014
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: South Shore School Dist #1 Mailing Address: 9135 School Rd City/State/Zip: Port Wing WIS 54865 Telephone: 774-3391

Address of Property: SAME City/State/Zip: SAME Cell Phone: _____

Contractor: SELF Contractor Phone: SAME Plumber: NA Plumber Phone: NA

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 774-3361 Agent Mailing Address (include City/State/Zip): SAME Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, _____ 1/4 Gov't Lot _____ Lot(s) _____ GSM _____ Vol & Page 18-34 Block(s) No. 7 Subdivision: Oceanfront Hwy 1st off Add. Recorded Document: (i.e. Property Ownership) Volume 296 Page(s) 482

Section 28, Township 50 N, Range 8 W Town of: Port Wing Lot Size _____ Acreage 1.5

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>6,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input 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) Specify Type: _____ <input type="checkbox"/> Privy (Pri) 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: 48 Width: 22 Height: 15

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	Residence (i.e. cabin, hunting shack, etc.)	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	with Loft	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	with Attached Garage	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date) _____	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	Addition/Alteration (specify) _____	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building (specify) _____	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building Addition/Alteration (specify) _____	(<input checked="" type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Municipal Use	Special Use: (explain) <u>Public/Municipal Rollaway (Greenhouse)</u>	(<u>48 x 22</u>)	<u>1056</u>
	Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

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 above described property at any reasonable time for the purpose of inspection.

Owner(s): Joint School District #1 Date 5-16-14
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature] Date 5-16-14
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO Box 40 Port Wing WI 54865 Attach Copy of Tax Statement

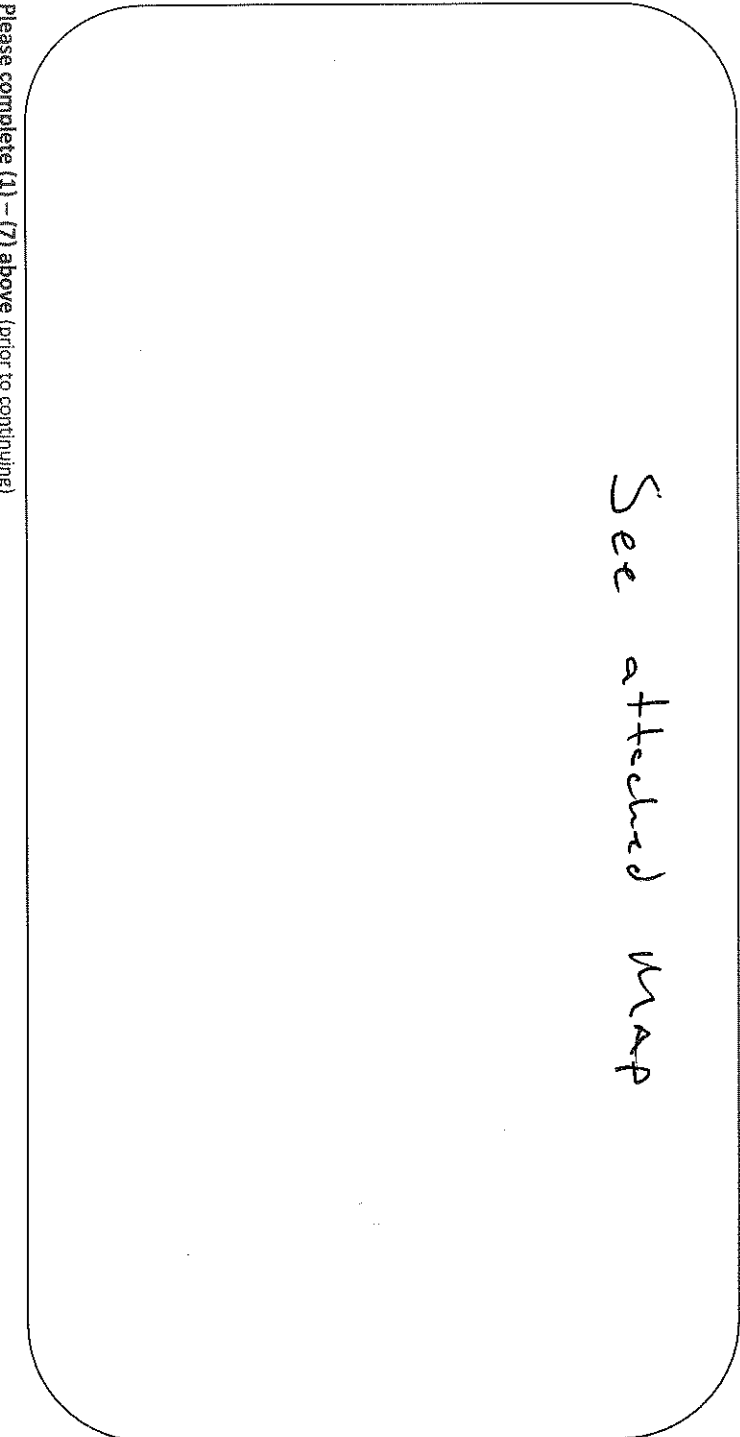
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



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 attached map



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	130 Feet	Setback from the Lake (Ordinary high-water mark)	
Setback from the Established Right-of-Way	110 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	110 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	820 Feet	Setback from Wetland	
Setback from the West Lot Line	600 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	365 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	City Hd 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.

Issuance Information (County Use Only)		Sanitary Number: <u>City</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>14-0185</u>	Permit Date: <u>7-9-14</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel In Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #: _____	Previously Granted by Variance (B.O.A.)	Case #: <u>NA</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>per PSH - inspection, appeared code compliant</u>				
Inspection Record: <u>per PSH - inspection, appeared code compliant</u>				
Date of Inspection: <u>6-18-14</u>	Inspected by: <u>R Schieman</u>	Zoning District (R4)	Date of Re-Inspection: _____	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)				
<i>shall not be used for human habitation. approved per zoning board 6-19-14 including commercial sale of product produced in greenhouse on site.</i>				
Signature of Inspector: _____	Date of Approval: <u>6-25-14</u>			
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

Field County, WI

