

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)
 APP 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-0186
Date:	7-10-14
Amount Paid:	\$350.50-14
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/ass)

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

Owner's Name: Howe Dahl Mailing Address: 36985 W. Grossette Hill Bayfield WI 54814 Telephone: 715-729-9618

Address of Property: 76440 Paulson Rd City/State/Zip: Washburn WI 54814 Cell Phone: 715-209-1547

Contractor: Dahl Constr. Co. Contractor Phone: 715-729-3000 Plumber: Blakeney Plumbing Plumber Phone: 715-684-6450

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: NE 1/4, SW 1/4 Legal Description: (Use Tax Statement) 04-050-249-05-33-301-000 PIN: (23 digits) 89000 Recorded Document: (i.e. Property Ownership) 1027 Page(s) 447

Section 33, Township 49 N, Range 5 W Town of: Town of Washburn.

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes No 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>100K</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>Rate R. W.</u>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 100 Width: 75 Height: 16' + 6" side

Proposed Construction: Length: 100 Width: 75 Height: 16' + 6" side

Do approved construction for this building

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>X</u>)	(<u>X</u>)
	Residence (i.e. cabin, hunting shack, etc.)	(<u>X</u>)	(<u>X</u>)
	with Loft	(<u>X</u>)	(<u>X</u>)
	with a Porch	(<u>X</u>)	(<u>X</u>)
	with (2 nd) Porch	(<u>X</u>)	(<u>X</u>)
	with a Deck	(<u>X</u>)	(<u>X</u>)
	with (2 nd) Deck	(<u>X</u>)	(<u>X</u>)
<input checked="" type="checkbox"/> Commercial Use	Bunhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>X</u>)	(<u>X</u>)
	Mobile Home (manufactured date)	(<u>X</u>)	(<u>X</u>)
	Addition/Alteration (specify)	(<u>X</u>)	(<u>X</u>)
	Accessory Building (specify)	(<u>X</u>)	(<u>X</u>)
	Accessory Building Addition/Alteration (specify)	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/> Municipal Use	Special User (explain) <u>Bulritz Contractor Equip + Material (100 x 75) 2,500</u>	(<u>X</u>)	(<u>X</u>)
	Conditional Use: (explain) <u>STORAGE</u>	(<u>X</u>)	(<u>X</u>)
	Other: (explain)	(<u>X</u>)	(<u>X</u>)

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): [Signature] Date 7/10/14

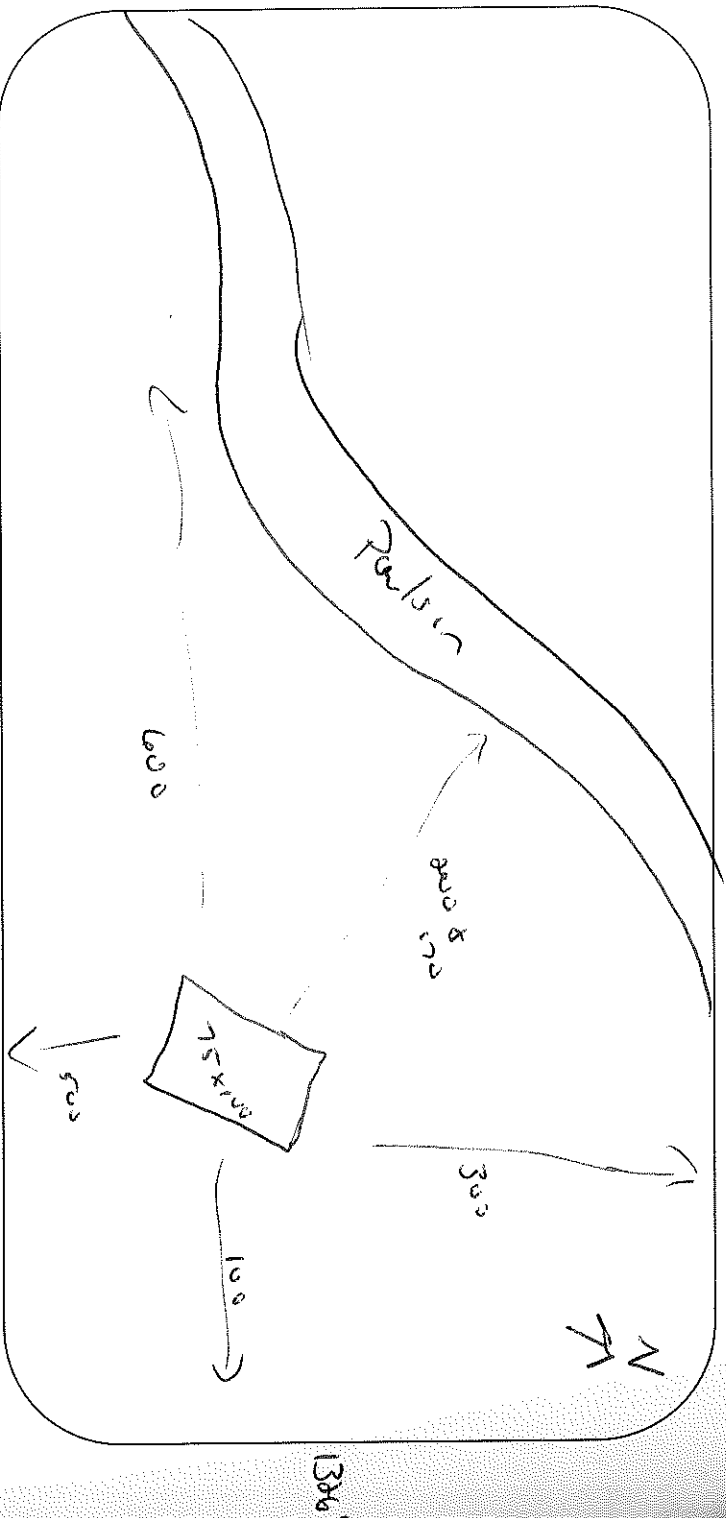
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature] Date 7/10/14

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

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 arrow** or Plot Plan
- (3) Show Location of (*): **(* 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) 600'

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	170 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	600 Feet	Setback from 20% Slope Area	— Feet
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	300 Feet	Setback to Well	300 Feet
Setback to Drain Field	300 Feet		
Setback to Privy (Portable, Composting)	— 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, 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>N/A</u>	# of bedrooms: _____	Sanitary Date: _____	
Permit Denied (Date): _____	Reason for Denial: _____				
Permit #: <u>14-01816</u>	Permit Date: <u>7-10-14</u>				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous Lots) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Case #: _____	Previously Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Case #: _____		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <u>was okay</u>	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:					
Date of Inspection: <u>5-6-14</u>	Inspected by: <u>J. Crombore Murphy</u>				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
<p><u>NO CONDITIONS PERE TOWN BOARD + ZONING + PLANNING COMMITTEE, HOWEVER, COMMERCIAL USE SHALL NOT BE THE CAUSE OF NUISANCE NOISE, LIGHTING, OR TRAFFIC FOR ADJACENT PROPERTY OWNERS</u></p>					
Signature of Inspector: _____					Date of Approval: <u>7-3-14</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TRA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

County zoning approval @ 6-19-14 meeting



**APPLICATION FOR
RECREATIONAL VEHICLE**

175 + 75 + 150 = 400
Special A RV Sanitary

ENTERED

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Sixth Street
Washburn, WI 54891
Phone - (715) 373-6138

RECEIVED
JUN 16 2014

Bayfield Co. Zoning Dept.

Office Use:
Zoning District/Lakes Class _____
Application No. 14-0187
Date 7-10-14
Fee Paid 175 + 75 + 150
Special A + RV Sanitary
\$400
#1716

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Changes in plans must be approved by the Zoning Department

Property Owner GERALD PEDERSEN

Property Address 27620 PAULSON RD
of RV placement.

Mailing Address 2802 PINE RIDGE BLVD
WAUSAU, WI 54401

WASHBURN, WI 54891

Telephone 715-849-9500

Agent: _____

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request: See Attached

E/2 SW 1/4 of SW 1/4 of Section 33 Township 49 N. Range 05 W. Town of WASHBURN

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____

Volume 118 Page 79 of Deeds Parcel I.D. # 040502490533103000 Acreage 2.0
2000

Additional Legal Description: _____

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes No If Yes, Distance from Shoreline: 75' or greater < 75' to 40' less than 40'

RV: New Replacement Year: 2006 Vin #: 4EZFS282XES029278

Make of RV: KZDR Model of RV: DURANGO

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only		Zoning District/Lakes Class: _____
Permit Issued:	Sanitary Number _____	Date <u>7-10-14</u>
Issuance Date <u>7-10-14</u>	Permit Number <u>14-0187</u>	Permit Denied (Date) _____
Reason for Denial: _____		
Inspection Record: _____		
By <u>Cromby Murphy</u>		Date of Inspection <u>6-20-14</u>
Variance (B.O.A.) # _____		
Condition: <u>RV may be placed up to 4 months from issuance date.</u>		Must be removed by: <u>NA</u>
Signed _____		Date of Approval <u>6-20-14</u>
Inspector		

Hold For TBA

Name and use frontage road as a guideline, and indicate North (N) on plot plan

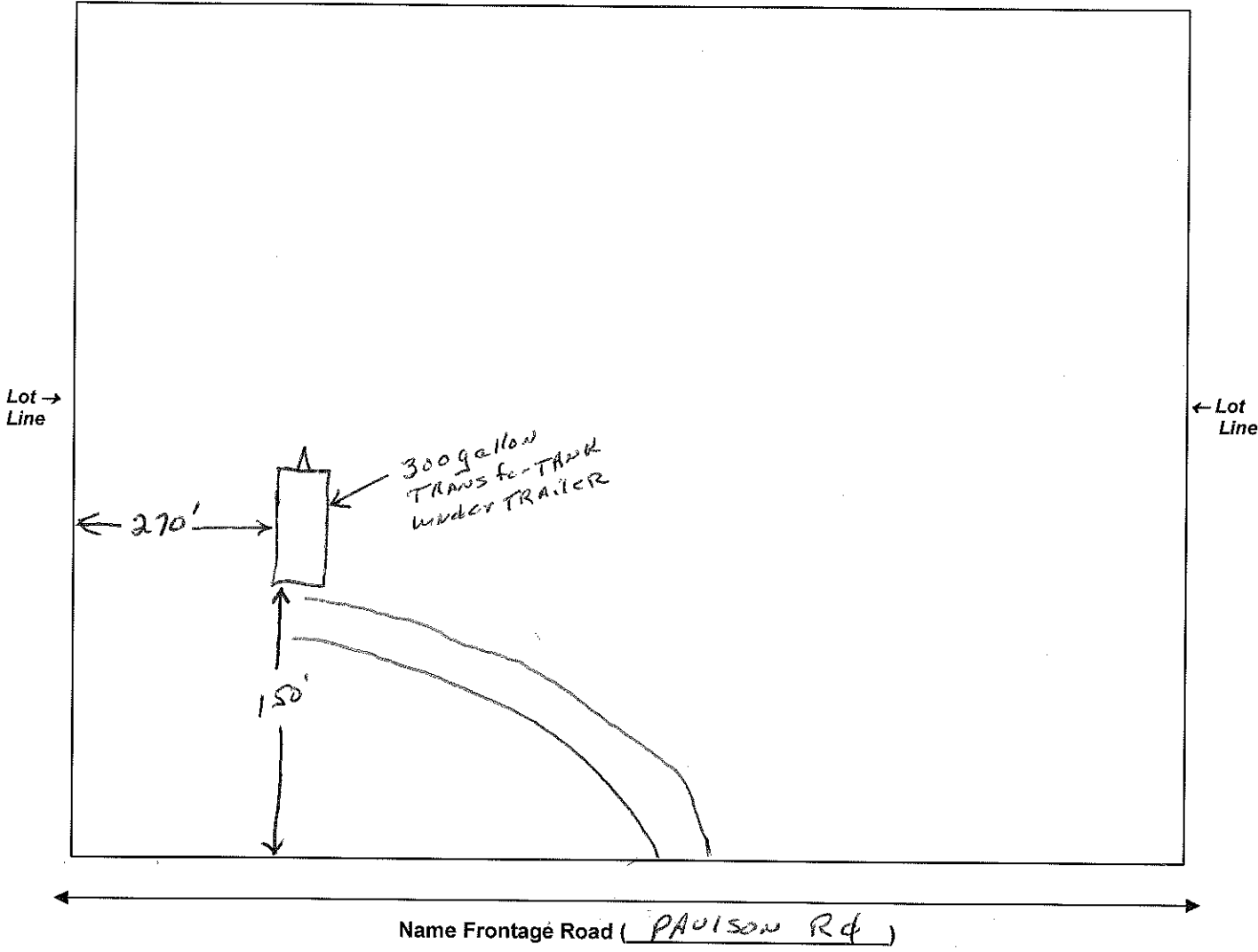
Show the RV (Recreation Vehicle) location

IMPORTANT
Detailed Plot Plan is Necessary

3. Show dimensions in feet on the following:

- a. RV from centerline of road(s). ✓
- b. RV from right-of-way line
- c. RV from property lines ✓
- d. RV from lake, river, stream or pond w/A
- e. RV from Privy N/A

N
Lot Line



NOTICE: The local town, village, city, state or federal agencies may also require permits.

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Owner or Authorized Agent *Arnold Johnson* Date 6/16/14

Address to send permit 2802 PINE RIDGE Blvd. WAUSAU, WI 54401