

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54991  
 (715) 373-6138

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**  
 ENTERED  
 Date Stamp (freehand)  
 JUL 07 2014  
 Bayfield Co. Zoning Dept.

Permit #:	14-02000
Date:	7-14-14
Amount Paid:	\$75 79.14
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.

<b>TYPE OF PERMIT REQUESTED</b> → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: <b>Blaine &amp; Mary Wollin</b>		Mailing Address: <b>45330 E Cablelaker Rd, Cable, WI</b>		City/State/Zip: <b>54921</b>		Telephone: <b>715</b>		Contractor: <b>SELF</b>		Contractor Phone: <b>492-8660</b>		Plumber Phone: <b>715</b>	
Address of Property: <b>same</b>		City/State/Zip:		City/State/Zip:		City/State/Zip:		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION <b>SW 1/4, SW 1/4</b>		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section <b>6</b> , Township <b>43</b> N, Range <b>7</b> W		Town of: <b>Cable</b>		PIN: (123 digits) <b>04-012-2-43-01-06-3 03-000-2000</b>		Recorded Document: (i.e. Property Ownership) Volume <b>1096</b> Page(s) <b>580</b>		Subdivision:		Lot Size		Acreage <b>10</b>	
<input type="checkbox"/> Shoreland		<input type="checkbox"/> 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		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: _____ feet	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> New Construction		<input checked="" 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 type="checkbox"/> (New) Sanitary		Specify Type: _____		<input checked="" type="checkbox"/> Well	
<input type="checkbox"/> Conversion		<input type="checkbox"/> 2-Story		<input type="checkbox"/> _____		<input type="checkbox"/> 3		<input checked="" type="checkbox"/> Sanitary (Exists)		Specify Type: <b>CONV</b>		<input type="checkbox"/> _____	
<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Basement		<input type="checkbox"/> _____		<input type="checkbox"/> _____		<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		<input type="checkbox"/> Portable (w/service contract)		<input type="checkbox"/> _____	
<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> Foundation		<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet		<input type="checkbox"/> None		<input type="checkbox"/> _____	

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 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 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 checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <b>CONV</b>
	<input type="checkbox"/> Relocate (existing bldg)	<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 type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: **36** Width: **24** Height: **16**  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( X )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( X )	
<input type="checkbox"/> with Loft		( X )	
<input type="checkbox"/> with a Porch		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch		( X )	
<input type="checkbox"/> with a Deck		( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( X )	
<input type="checkbox"/> with Attached Garage		( X )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( X )	
<input type="checkbox"/> Mobile Home (manufactured date)		( X )	
<input type="checkbox"/> Addition/Alteration (specify)		( X )	
<input checked="" type="checkbox"/> Accessory Building (specify) <b>garage</b>		( <b>24 x 36</b> )	<b>864</b>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X )	
<input type="checkbox"/> Special Use: (explain)		( X )	
<input type="checkbox"/> Conditional Use: (explain)		( X )	
<input type="checkbox"/> 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 a field check 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): **Blaine & Mary Wollin** Date **7-3-14**  
 (if there are Multiple Owners listed on the Deed All Owners must Sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **same as above** Attach \_\_\_\_\_  
 (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)

(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	215+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	200+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	80+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	500+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	40 Feet	Setback to Well	40+ Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	30 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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>14-0905</b>	Permit Date: <b>7-14-14</b>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Previously Granted by Variance (B.O.A.)
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:
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 Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	<b>Well staked. Meets all setbacks.</b>		Zoning District	<b>(A-1)</b>
Date of Inspection: <b>7-10-14</b>	Inspected by: <b>Mr. Fuchs</b>	Lakes Classification	<b>(NA)</b>	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.				
<i>May not be used for human habitation. No water under pressure on Plum bury Bystones in structure.</i>				
Signature of Inspector:	<i>Michael Smith</i>			Date of Approval: <b>7-14-14</b>
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"/>

