

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
 JUL 01 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0198
 Date: 7-14-14
 Amount Paid: \$90 7-1-14
 Return:

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: Andrew & Kristin Grawl Mailing Address: 923 W. Arrowhead Road Duluth, MN 55811 Telephone: 218-464-0954
 Address of Property: 74890 Co. Hwy B City/State/Zip: Brule, WI 54820 Cell Phone: 218-260-3269
 Contractor: _____ 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 Legal Description: (Use Tax Statement) P/N: (23 digits) 04-038-2-48-09-08-2-02-000- Recorded Document: (i.e. Property Ownership) _____ Page(s) _____
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 8, Township 48 N, Range 9 W Town of: Duluth Lot Size _____ Acreage 30

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
\$ <u>30,000</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 checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input 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: _____	<input checked="" type="checkbox"/> None
	<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"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 40 feet Width: 30 ft Height: 17 ft
 Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with Loft	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with a Porch	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with (2 nd) Porch	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with a Deck	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with (2 nd) Deck	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Storage</u>	(<u>30 x 40</u>)	(<u>1200</u>)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Rec'd for Issuance	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Special Use: (explain) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Other: (explain) _____	(<u> </u>)	(<u> </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.

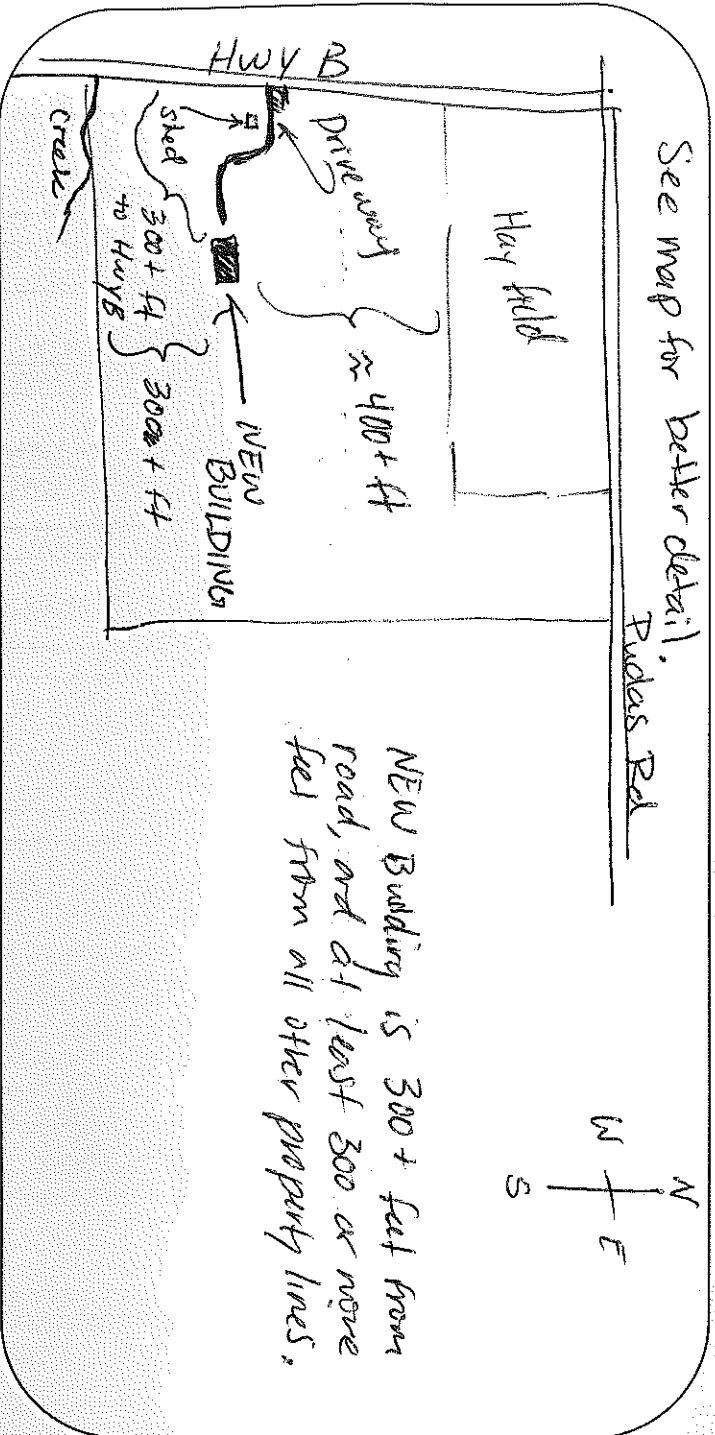
Owner(s): [Signature] [Signature] Date 6-30-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 Copy of Tax Statement
 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)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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)	Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	300+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	300+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	300+ Feet	20% Slope Area on property	□ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	300+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	NA Feet
Setback to Drain Field	— 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 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 Dwelling: 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:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0198	Permit Date: 7-14-14						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<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	Is (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<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						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Dehatched	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	Wool. Stakes. Measure all setbacks.						
Date of Inspection:	MM. Furdak	Inspected by:	7-10-14	Zoning District	(A-1)		
Conditions: Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If No they need to be attached)		Lakes Classification	(NA)		
May not be used for human habitation. No water under pressure or plumbing fixtures in structure.							
Signature of Inspector:	MM. Furdak						
Date of Approval:	7-11-14						
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>