

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

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.

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date Submitted: **RECEIVED**  
**JUN 3 0 2014**  
 Bayfield Co. Zoning Dept

**ENTERED**  
 Permit #: **14-0197**  
 Date: **7-14-14**  
 Amount Paid: **\$1856.30/14**  
 Refund:

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

Owner's Name: **Michael Ermi** Mailing Address: **\$15W22840 ARCADIAN AVE WAKESHA, WI 53186** Telephone: **262-424-**

Address of Property: **3555 TWIN BAY RD.** City/State/Zip: **BARNES, WI 54873** Cell Phone: **3375**

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) **SE 1/4, NW 1/4** Gov't Lot **2** Lot(s) **1** CSM **1287** Vol & Page **8+31** Lot(s) No. **142** Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) **43**

Section **16**, Township **44** N, Range **9** W Town of: **BARNES** Lot Size **16.728** Acreage **16.710**

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  No  Yes—continue → Distance Structure Is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  No  Yes—continue → Distance Structure Is from Shoreline: **750-1000** feet

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
\$14,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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 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 type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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 checked="" type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: **30'** Width: **24'** Height: **15'**

Proposed Construction: **STORAGE**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Loft	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with a Porch	( ) ( ) ( )	( )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
	<input type="checkbox"/> with Attached Garage	( ) ( ) ( )	( )
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) ( ) ( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( ) ( ) ( )	( )
	<input type="checkbox"/> Addition/Alteration (specify) _____	( ) ( ) ( )	( )
	<input checked="" type="checkbox"/> Accessory Building (specify) <b>STORAGE</b>	( <b>24</b> X <b>30</b> )	<b>720</b>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) ( ) ( )	( )
	<input type="checkbox"/> Special Use: (explain) _____	( ) ( ) ( )	( )
	<input type="checkbox"/> Conditional Use: (explain) _____	( ) ( ) ( )	( )
	<input type="checkbox"/> Other: (explain) _____	( ) ( ) ( )	( )

REC'D for Issuance **JUL 11 2014**

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 (am) 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): **Michael Ermi**

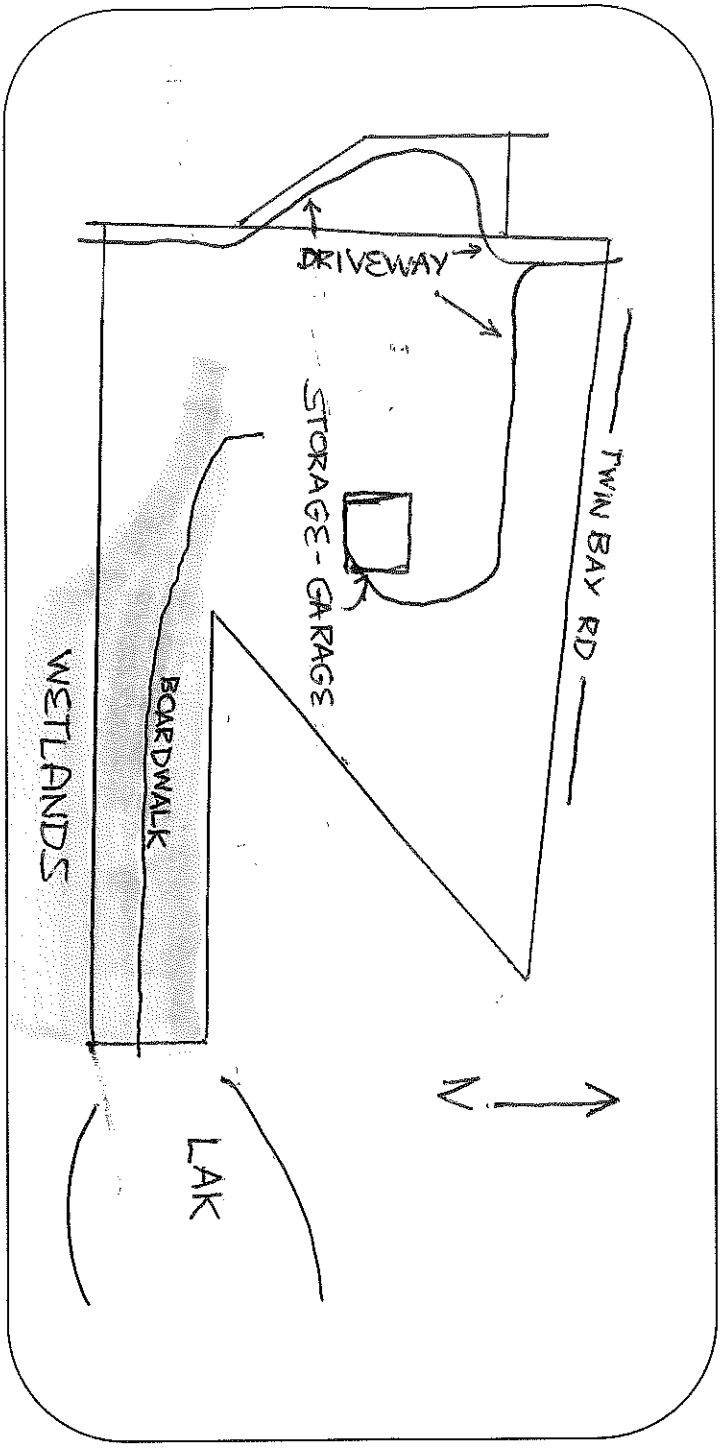
Authorized Agent: \_\_\_\_\_ Date **6-23-14**

Address to send permit **515 W 82840 ARCADIAN AVE. WAKESHA WI. 53186** Attach **✓**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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: (\* ) Wall (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)

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

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	320 Feet	Setback from the Lake (ordinary high-water mark)	750-1000 Feet
Setback from the Established Right-of-Way	450 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	550 Feet	Setback from Wetland	275-300 Feet
Setback from the West Lot Line	250 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	25 Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	— 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <b>14-0197</b>		Permit Date: <b>9-14-14</b>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<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
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:	<b>Michael setbacks.</b>		Zoning District:	( )	
Date of Inspection:	<b>7-8-10</b>	Inspected by:	<b>M. Fustak</b>	Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	or No they need to be attached?			
<i>May not be used for human habitation. No water under pressure in structure. No plumbing pictures in structure.</i>					
Signature of Inspector:	<b>Michael Swick</b>		Date of Approval:	<b>9-11-14</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"/>		