

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
 DEPARTMENT OF PUBLIC WORKS
 JUL 17 2014
 Bayfield Co. Zoning Dept.



Permit #:	14-02688
Date:	7-29-14
Amount Paid:	\$ 95 7-17-14
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.

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

Owner's Name: James W & Anne L. Long Mailing Address: 2318 Vineet Avd City/State/Zip: Minneapolis/MN/55111 Telephone: 612-529-3947
 Address of Property: 89680 E. Rowans Point Rd City/State/Zip: Herbster/WI/54844 Cell Phone: _____
 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: Parcel #4, # 6 1/4 Gov't Lot 3 Lot(s) _____ GSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivisions: _____
 Section 29, Township S1 N, Range 6 W _____ Town of: Bell Lot Size 4.54 acres Acreage 4.893

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: 150 feet

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume 401 Page(s) 164

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>4,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>bedding tank</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 8' Width: 4' Height: 7'
 Proposed Construction: Length: 18' Width: 8' Height: 8 1/2'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X 8)	144
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify) <u>replace tool shed</u>	(X X)	
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(X)	

Rec'd for Issuance JUL 29 2014

Secretarial Staff _____

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): James W & Anne L. Long Date 06/23/14
 (If there are multiple Owners listed on the Deed ALL owners must sign or letter(s) of authorization must accompany this application)

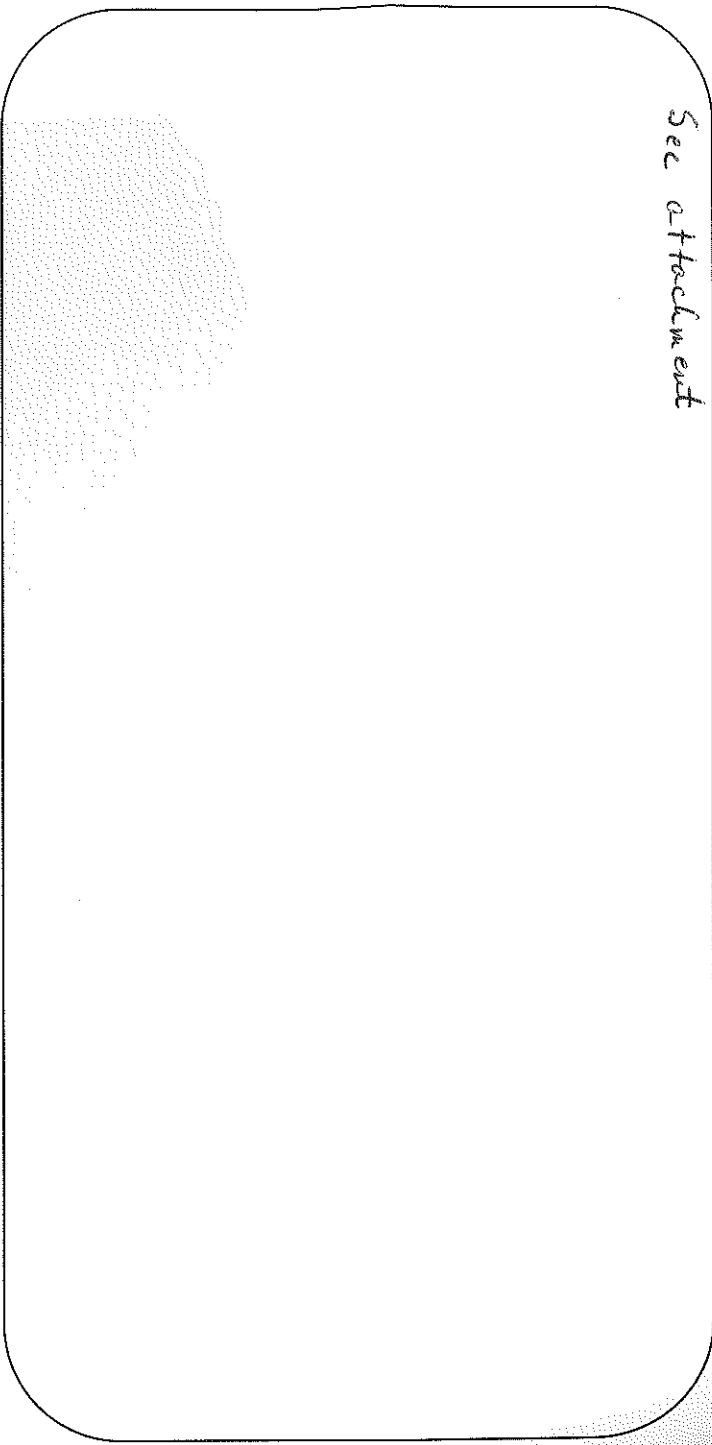
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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)

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	160 Feet	Setback from the Lake (ordinary high-water mark)	150' Feet
Setback from the Established Right-of-Way	150 Feet	Setback from the River Stream Creek	NA Feet
Setback from the North Lot Line	180' Feet	Setback from the Bank or Bluff	150' Feet
Setback from the South Lot Line	600' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	150' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	150' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	80' Feet	Setback to Well	75' 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.

04-0808 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

ADDITIONAL

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.

04-0216 Addition

Assistance Information (County Use Only)

Permit Denied (Date):

Sanitary Number: 46117

of bedrooms:

Sanitary Date:

Permit #: 14-02208

Permit Date: 7-29-14

Is Parcel a Sub-Standard Lot Yes No

Is Parcel In Common Ownership Yes (Deed of Record) No

Is Structure Non-Conforming Yes (Fused/Contiguous Lots) No

Granted by Variance (B.O.A.) Yes No Case #: _____

Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No

Inspection Record: site staked

Date of Inspection: 7-28-14

Inspected by: J. CORNBORER WURPHY

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

NECESSARY WDC PERMIT REQUIRED. BUILDING NOT APPROVED FOR CONNECTION TO SANITATION OR INDOOR PUMPS/IN FIXTURES.

SLEEPING QUARTERS ONLY.

Signature of Inspector: _____

Date of Approval: 7-28-14

Hold For Sanitary: Hold For T&A: Hold For Affidavit: Hold For Fees:

LAKE SUPERIOR

top of bluff



394'

90' to bluff

Deck 320'

Remove this 4x8
to shed

150'
Approx

120'
Approx

Deck 290'

24'

Cabin

80' to bluff

newly
8x18
to shed
storage

24'

Cabin

2,000 gal
holding tank
28' from cabin

10x10'
622260

95' to bluff

35'
well

150'
Approx

300 ft
approx

600 ft

f. - holding tank to well - 35'
g. - holding tank to bluff - 95'

LAKE SUPERIOR

DRIVEWAY

69680
E. Romans Pt. Rd

3698'

South property line 371'

top of bluff