

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
 Date Stamp (Preferred)
 AUG 01 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0850
Date:	8-8-14
Amount Paid:	\$75 8-1-14
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: Carolyn S. Chermey et al. Mailing Address: 45365 Blue Moon Rd Cable, WI 54821 City/State/Zip: Cable, WI 54821 Telephone: 715 580-0161 cell

Address of Property: 13485 Philippi Rd City/State/Zip: Cable, WI 54821 City/State/Zip: Cable, WI 54821 Cell Phone: 580-0161 cell

Contractor: Scott Brund Contractor Phone: 798-2364 Plumber: Plumber: Plumber Phone: Plumber:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Robert B. Lang Agent Phone: 580-0161 Agent Mailing Address (include City/State/Zip): 16935 Old D Rd, Cable, WI 54821 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4 NE 1/4 NW 1/4 Legal Description: (Use Tax Statement) 04-012-2-43-07-19-201-000-20000 P/N: (23 digits) 04-012-2-43-07-19-201-000-20000 Recorded Document: (i.e. Property Ownership) 1008 Page(s) 248

Section 19, Township 43 N, Range 7 W Town of: Cable Lot Size 4.4 Acreage 4.4

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
\$14,500	<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: <u>CEUV</u>	<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 checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation	<u>1</u>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Reuse slab	<input checked="" type="checkbox"/> Reuse slab	<u>1</u>	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 22 Height: 16

Proposed Construction: Length: 24 Width: 22 Height: 16

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"/> with Attached Garage	(<u> </u>)	(<u> </u>)
	<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"/> Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>replace collapsed garage</u>	(<u>22 x 24</u>)	(<u>528</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"/> 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): _____ Date: 7-29-14

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

Authorized Agent: X Robert B. Lang Date: 7-29-14

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

Address to send permit 16935 Old D. Rd, Cable, WI 54821 Attach

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 19x 10. 8856 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Check 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 attachments

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 <i>Milligan Rd</i>	<i>64</i> Feet	Setback from the Lake (ordinary high-water mark)	<i>N/A</i> Feet
Setback from the Established Right-of-Way	<i>30</i> Feet	Setback from the River, Stream, Creek	<i>N/A</i> Feet
Setback from the North Lot Line <i>Town Rd</i>	<i>N/A</i> Feet	Setback from the Bank or Bluff	<i>N/A</i> Feet
Setback from the South Lot Line	<i>500+</i> Feet	Setback from Wetland	<i>450+</i> Feet
Setback from the West Lot Line	<i>175</i> Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line <i>Randys Rd</i>	<i>120</i> Feet	Elevation of Floodplain	<i>N/A</i> Feet
Setback to Septic Tank or Holding Tank	<i>30</i> Feet	Setback to Well	<i>18'</i> Feet
Setback to Drain Field	<i>40+</i> Feet		
Setback to Privy (Portable, Composting)	<i>N/A</i> 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.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>14-00856</i>	Permit Date: <i>8-8-14</i>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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:	<i>Slab is existing. Meets all setbacks.</i>			
Date of Inspection:	<i>8-7-14</i>	Inspected by:	<i>M. Furtak</i>	
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)			
<i>May not be used for human habitation. No water under pressure in structure.</i>				
<i>No plumbing fixtures in structure.</i>				
Signature of Inspector:	<i>Michael Furtak</i>			Date of Approval: <i>8-8-14</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

garage to be rebuilt

