

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
 Date Stamp (Received)
 JUL 07 2014
 Bayfield Co. Zoning Dept.

Permit #:	14-0246
Date:	8-6-14
Amount Paid:	\$100 7-9-14
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.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Diane Holman Mailing Address: 74746 Strock Rd, Washburn WI 54891 City/State/Zip: 54891 WI 54891 Telephone: (715) 373-2129

Address of Property: 74746 Strock Rd City/State/Zip: Washburn WI 54891 Cell Phone: _____

Contractor: Donal Donan Contractor Phone: (715) 209-6859 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Donal Donan Agent Phone: (715) 209-6859 Agent Mailing Address (include City/State/Zip): 302 E 3rd St, Washburn WI 54891 Written Authorization Attached Yes No

PROJECT LOCATION: 1/2 W 1/4 of 1/2 S 3/4 NW 1/4 Gov't Lot N/A Lot(s) N/A CSM - Vol & Page 1533 P213 W1E Lot(s) No. - Block(s) No. - Subdivision: _____ Page(s) _____

Section 05, Township Washburn Range 05 W Town of: Washburn Lot Size _____ Acreage 50

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward Side of Floodplain? If yes---continue If yes---continue

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

Distance Structure is from Shoreline: _____ feet NO YES

Ave Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>34,000.</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 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>Private</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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for; is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 32 FT Width: 24 Height: 18 FT. for

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" 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 nd) Porch	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> 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) <u>Garage</u>	(24 X 32)	<u>768</u>
<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)	

Rec'd for Issuance AUG 06 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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Donal Donan Date 7/21/14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

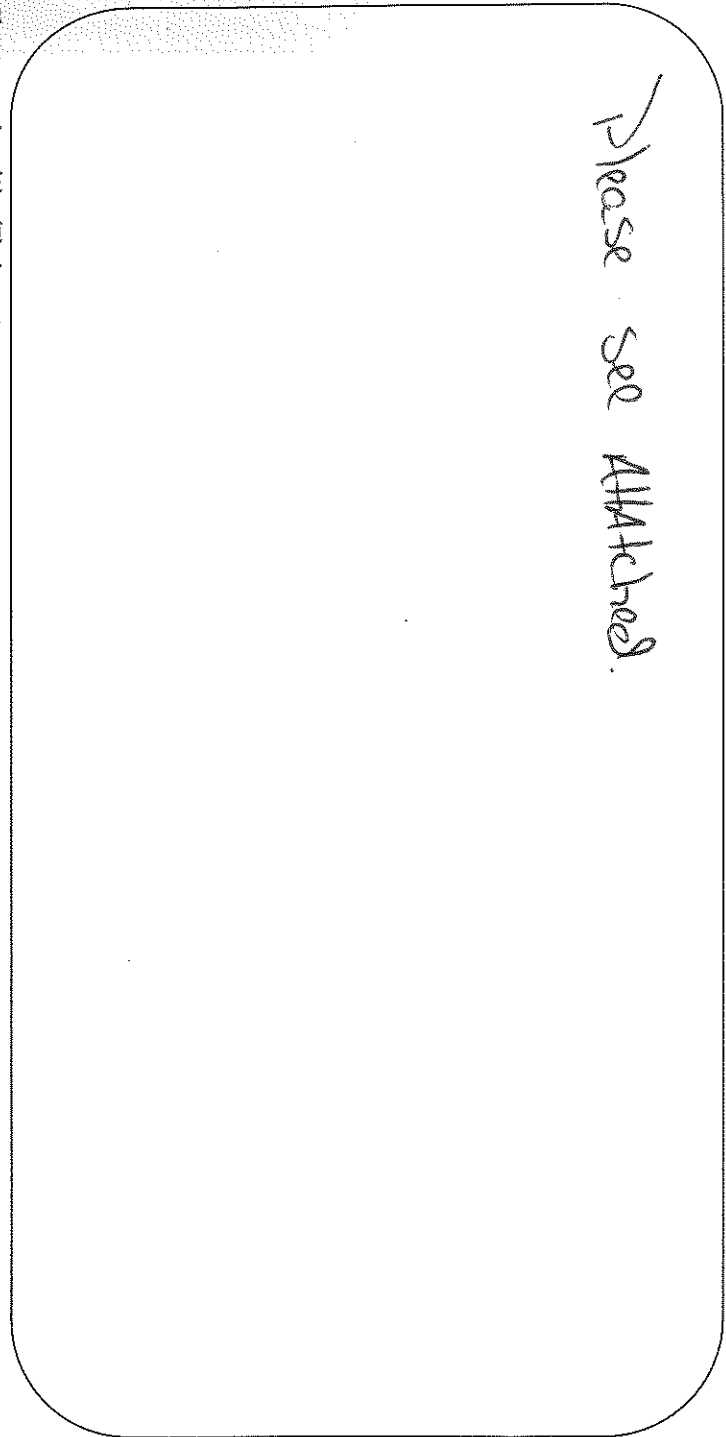
Address to send permit 74746 Strock Rd. 54891
 (If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%

Please see attached.



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	120 feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	120 feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	120 feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	120 feet	Setback from Wetland	N/A
Setback from the West Lot Line	90 feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	120 feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	15-100 feet	Setback to Well	75-100 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 Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

05-0305

ISSUANCE INFORMATION (County Use Only) Sanitary Number: 87516 # of bedrooms: Sanitary Date: 3-13-1989

Permit Denied (Date): Reason for Denial: (3) 1000g Rainwater concrete family - deny

Permit #: 140846 Permit Date: 8-10-14

Is Parcel a Sub-Standard Lot: Yes No (Deed of Record) No

Is Parcel in Common Ownership: Yes (Fused/Contiguous Lot(s)) No

Is Structure Non-Conforming: Yes No

Granted by Variance (B.O.A.): Yes No Case #: 0505

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

Was Parcel Legally Created: Yes No

Were Property Lines Represented by Owner: Yes No

Was Proposed Building Site Delineated: Yes No

Was Property Surveyed: Yes No

Inspection Report: concern about holding tank & current 200g pump schedule. called owner. reduced to 100g per month

Date of Inspection: 7-21-14 Inspected by: J. Chesbro-Murphy

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

Signature of Inspector: Not Approved For Human Habitation or Indoor Plumbing Fixtures

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Date of Approval: 8-5-14

Ho cat.

S
T
B
C
K
R
Rd.
R.O.W.

