

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 AUG 11 2014  
 Bayfield Co. Zoning Dept.



Permit #:	14-02107
Date:	8-13-14
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: JAMES WOODRISON Mailing Address: 26975 CHERYLWALK City/State/Zip: AS HAMD, WI 54806 Telephone: 715 682-3147

Address of Property: AS ABOVE City/State/Zip: AS ABOVE Contractor Phone: 715 209-5328 Cell Phone: 715 209-5328

Contractor: PETER TOKINEN BUILDINGS Plumber: AS ABOVE Written Authorization Attached:  Yes  No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715 209-5328 Agent Mailing Address (include City/State/Zip): AS ABOVE

PROJECT LOCATION: SEE 1st E 1st SE Legal Description: (Use Tax Statement) Plat (23 digits) 0400234805 32401000 4739 Volume 1041 Page(s) 121

Section 32, Township 48 N, Range 5 W Town of: PARKS DALE Lot Size: 10.91 Acreage: 10.91

Shoreland  Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue -->

Distance Structure is from Shoreline:          feet

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>25,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input 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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>MAILED</u> <input type="checkbox"/> Privy (Pit) or 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 SAB) Length: 8-12-14 Width:          Height:         

Proposed Construction: Length: 64' Width: 30' Height: 14'

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

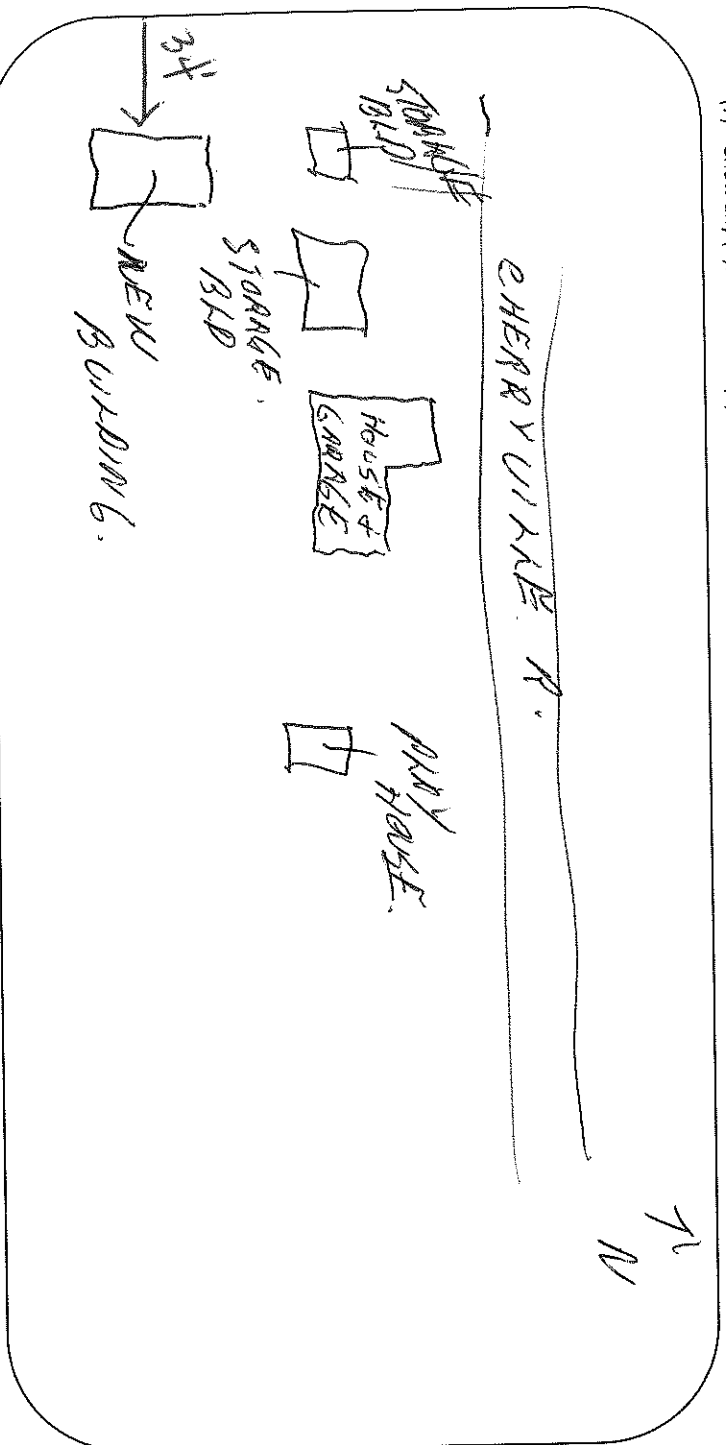
Rec'd for Issuance AUG 13 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. SPECIAL NOTIFICATION (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief to be true, correct and complete. I (we) acknowledge that I (we) am (are) the responsible party (parties) for the 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.

Owners(s): [Signature] Date 8-11-14  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: [Signature] 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  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE if you recently purchased the property send your Recorded Deed

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	236 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	33 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	305 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	146 Feet	Setback to Well	231 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-02167	Permit Date: 8-13-14			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is (Dead of Record) (Fused/Contiguous Lots)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	Affidavit Attached
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	Date of Approval: 8-13-14		
Inspection Record: Property previously surveyed & line marked. GARAGE MEASURED 34' TO LINE NOT INCLUDING 12" EAVE.	Inspected by: STEVEN BOEN MURPHY	Zoning District (F-1)	Lakes Classification (NA)	Date of Re-Inspection:
Date of Inspection: 8-12-14				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)				
NOT APPROVED FOR HUMAN HABITATION OR INDOOR PLUMBING FIXTURES BUILDING SHALL BE 30 FT FROM NEAREST SIDE PROPERTY LINE INCLUDING EAVE OVERHANG.				
Signature of Inspector:	Date of Approval: 8-13-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>