

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)  
 AUG 06 2014  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #: 14-0266  
 Date: 8-12-14  
 Amount Paid: \$95 8-6-14  
 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: Paul Lundberg Mailing Address: 36705 C. Hwy. J Bayfield WI 54814 Telephone: 715-779-0113

Address of Property: Same City/State/Zip: WI Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Written Authorization Attached  Yes  No

Contractor: Self Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) \_\_\_\_\_

PROJECT LOCATION: AE 1/4, Sec 1/4 Legal Description: (Use Tax Statement) \_\_\_\_\_ PIN: (23 digits) 4316 Recorded Document: (i.e. Property Ownership) Volume 749 Page(s) 406

Section 1, Township 56 N, Range 4 W Bayfield Township Bayfield Lot Size \_\_\_\_\_ Acreage 20

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes--continue Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes--continue Distance Structure is from Shoreline: \_\_\_\_\_ feet

Non-Shoreland

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>2,000</u>	<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"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>1' round</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input checked="" type="checkbox"/> <u>222</u>			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 22 Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ 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)	( X )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	( )
	with Loft	( X )	( )
	with a Porch	( X )	( )
	with (2 <sup>nd</sup> ) Porch	( X )	( )
	with a Deck	( X )	( )
	with (2 <sup>nd</sup> ) Deck	( X )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	( )
	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( X )	( )
	Mobile Home (manufactured date)	( X )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( X )	( )
	Accessory Building (specify) <u>Traveler Shelter</u>	( <u>32 X 22</u> )	( <u>704</u> )
	Accessory Building Addition/Alteration (specify) _____	( X )	( )
Rec'd for Issuance	Special Use: (explain) _____	( X )	( )
	Conditional Use: (explain) _____	( X )	( )
	Other: (explain) _____	( X )	( )

AUG 12 2014  
 Secretariat 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.

Owners: Paul Lundberg Date Aug 6, 2014

(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)

(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 <del>Fronted</del> <sup>325cmen t</sup> Road	227 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	452 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	147 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	990 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	227 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	362 Feet	Setback to Well	618 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.

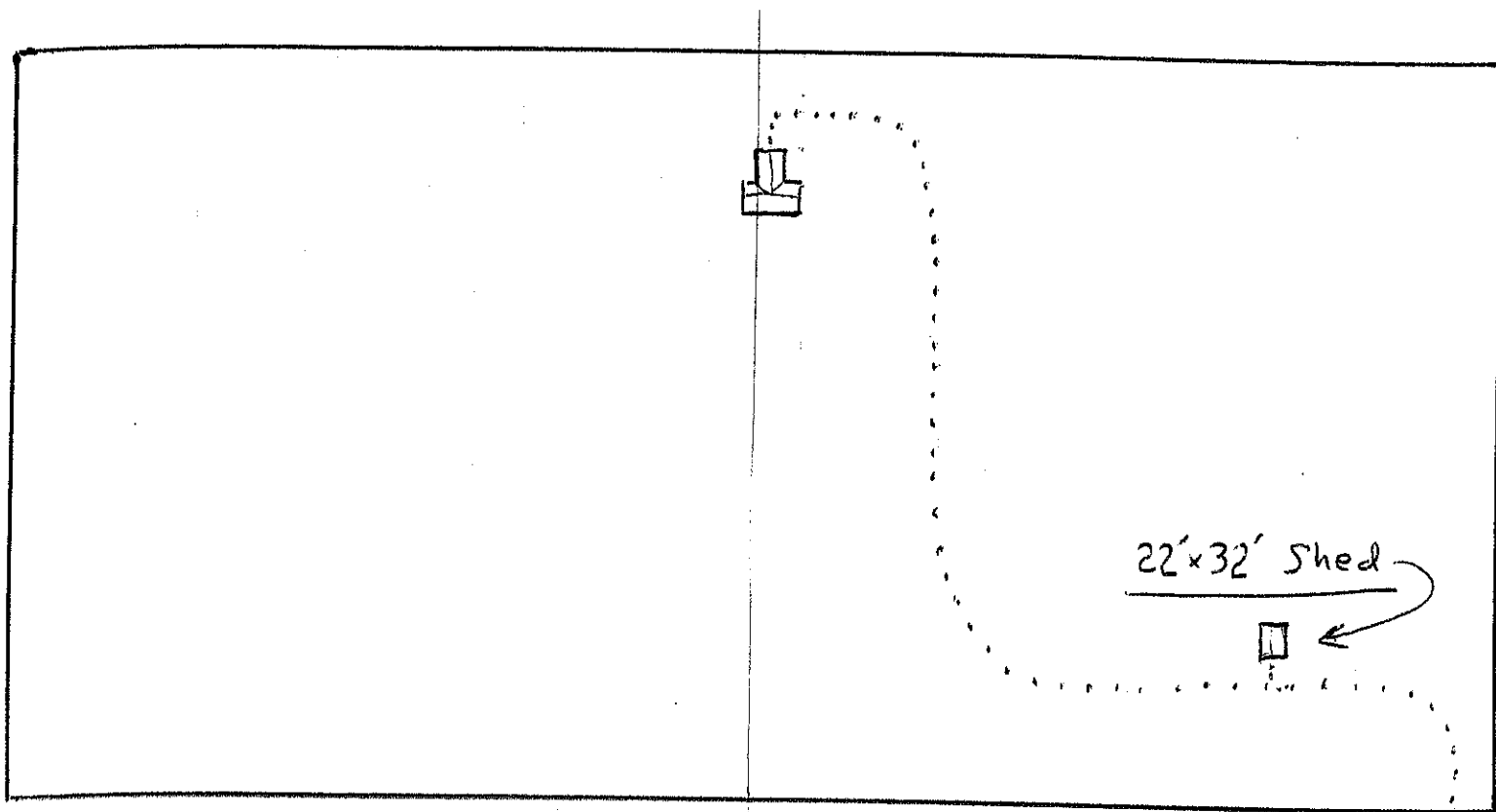
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

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

<b>Issuance Information (County Use Only)</b>		Sanitary Number: _____	# of bedrooms: <u>2</u>	Sanitary Date: <u>11/11/14</u>
Permit Denied (Date): _____	Reason for Denial: <u>WATER MAIN BREAK</u>	Permit Date: <u>8-12-14</u>		
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming <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	Case #: _____
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>gravel pad already installed + rock retaining wall</u>		Zoning District: <u>Ar-1</u>	Lakes Classification: <u>N/A</u>	
Date of Inspection: <u>8-8-14</u>	Inspected by: <u>Casey B. Decker Murphy</u>	Date of Re-Inspection: _____		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
<u>Shed not to be used for human habitation + shed not contain indoor plumbing fixtures unless connection to approved party approved.</u>				
Signature of Inspector: _____	Date of Approval: <u>8-12-14</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Paul Lundberg

20 acs. N $\frac{1}{2}$  NE $\frac{1}{4}$  SW $\frac{1}{4}$  Sec. 1 T50N R4W



Scale



0 84'