

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 29 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0299
 Date: 7-29-14
 Amount Paid: \$8820
 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: Robert & Susan Miller Mailing Address: 60415 Argo Rd Ctr./State/Zip: Mason, WI 54856 Telephone: 715-765-4604
 Address of Property: Maple Ridge Road 29945 Ctr./State/Zip: Mason WI 54856 Call Phone: 715-331-9037
 Contractor: Pete Miller Contractor Phone: 715-278-3855 Plumber: Adrien Lady Plumber Phone: 715-373-2378
 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 Legal Description: (Use Tax Statement) E1/2 NW 1/4, NE 1/4 Gov't Lot _____ Lot(s) _____ CSM 1006/408 Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 23, Township 46 N, Range 5 W Town of: Kelly Lot Size _____ Acreage 5

Recorded Document: (i.e. Property Ownership) Volume: 348 Page(s): 473 Subdivision: 1000 408

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue If No---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If No---continue

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No
 Distance Structure is from Shoreline: _____ feet Yes No

Are 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
\$95,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blg) <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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>HT</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
					<input checked="" type="checkbox"/> None <u>To BE INSTALLED</u>	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 40' Width: 24' Height: 15'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>24</u> x <u>40</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>6</u> x <u>10</u>) (<u>4</u> x <u>6</u>) (<u>X</u>)	<u>960</u> <u>600</u> <u>24</u>
<input type="checkbox"/> Commercial Use	Bunhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Municipal Use	Special User: (explain) _____ Conditional User: (explain) _____ Other: (explain) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>)	

REC'D FOR ISSUANCE AUG 28 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 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) 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): Robert & Susan Miller Date: 7-11-14
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

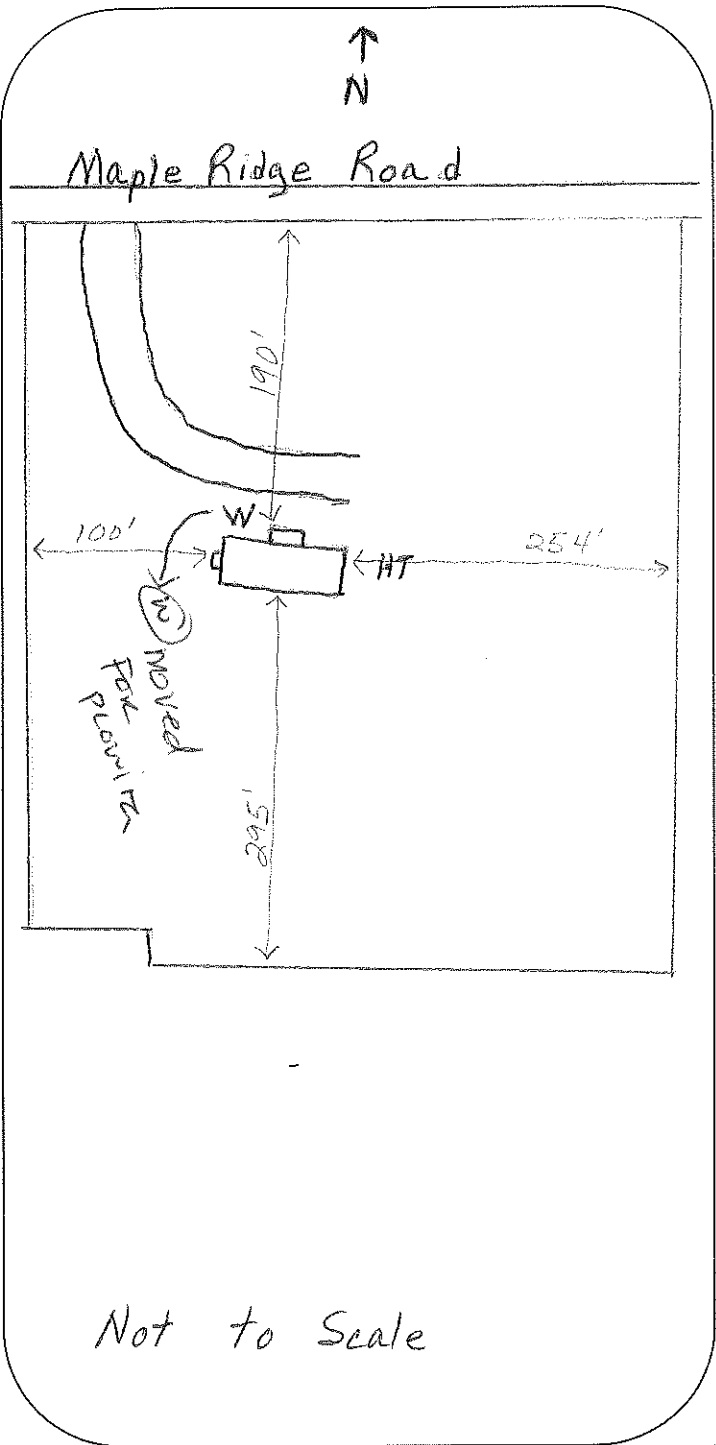
Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 60415 Argo Rd, Mason, WI 54856 Attach
 Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 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 (*): Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show any (*): 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 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 Platted Road	223 Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	190 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	223 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	295 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	100 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	254 Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	18 Feet	Setback to Well	10 Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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: 14-545 # of bedrooms: 2 Sanitary Date: 7/28/14

Permit Denied (Date): Permit Date: 8-28-14

Reason for Denial:

Permit #: 14-0299

Is Parcel a Sub-Standard Lot Yes No

Is Parcel In Common Ownership Yes No

Is Structure Non-Conforming Yes No

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

Mitigation Required Yes No

Mitigation Attached Yes No

Affidavit Required Yes No

Affidavit Attached Yes No

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

Inspected by: J. COOPER, W. MURPHY

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

Date of Inspection: 8-4-14

Inspected by: J. COOPER, W. MURPHY

Inspection Record: MET OWNER ON PROPERTY FOR INSPECTION. APPEARS TO MEET CODE REQUIREMENTS FOR OWNER REPRESENTATIVE SIGNATURE (N/A)

Zoning District: W-1

Classification: (N/A)

Date of Re-Inspection:

Signature of Inspector: _____

Date of Approval: 8-7-14

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

WITHIN DRAINING CODE PERMIT SHALL BE OBTAINED PRIOR TO START OF CONSTRUCTION.