

SUBJECT: 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
 AUG 19 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14-0287
Date:	9-2-14
Amount Paid:	\$2,850
Refund:	8-19-14

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Jon R Gottschalk w/ wife summer → Mailing Address: 2016 NW Fork Rd Ctr./State/Zip: STUART, FL, 34994 Telephone: 715-913-0085

Address of Property: LOT 4 BAYSHORE HEIGHTS City/State/Zip: BAYFIELD, WISCONSIN 54814 Cell Phone: 715-349-8550

Contractor: Carvin Construction Contractor Phone: 715-779-5614 # 233086 Plumber Phone: 715-779-5271

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Greg Carvin Agent Phone: 715-209-0583 Agent Mailing Address (include City/State/Zip): 34780 S County J Bayboro Written Authorization Attached Yes No

PROJECT LOCATION: W 1/4, S 1/4 Gov't Lot 4 Lot(s) 4 CSM 1357/136 Vol & Page 11 Lot(s) No. 1105M Block(s) No. 1105M Volume 1105M Page(s) 1357-136 Subdivisions: BAYSHORE HEIGHTS Recorded Document: (i.e. Property Ownership) 06-a-50-04-23-300-129-0586 PIN: (23 digits) 04-06-a-50-04-23-300-129-0586 Volume 1105M Page(s) 1357-136

Section 23, Township 50 N, Range 4 W Town of: Bayfield Lot Size 46,229 sqft Acreage 1.06

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: 75-80 feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue → Distance Structure is from Shoreline: 75-80 feet 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>152,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<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: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)		
	Residence (i.e. cabin, hunting shack, etc.)	(<u>3600</u>)	<u>3600</u>
	with left screened porch	(<u>300</u>)	<u>300</u>
	with a Porch <u>ENTRY</u>	(<u>200</u>)	<u>200</u>
	with (2 nd) Porch <u>deck run</u>	(<u>300</u>)	<u>300</u>
	with a Deck <u>2nd flt</u>	(<u>170</u>)	<u>170</u>
	with (2 nd) Deck	(<u>1096</u>)	<u>1096</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	<u> </u>
	Mobile Home (manufactured date) _____	(<u> </u>)	<u> </u>
	Addition/Alteration (specify) _____	(<u> </u>)	<u> </u>
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(<u> </u>)	<u> </u>
	Accessory Building Addition/Alteration (specify) _____	(<u> </u>)	<u> </u>
	Special Use: (explain) _____	(<u> </u>)	<u> </u>
	Conditional Use: (explain) _____	(<u> </u>)	<u> </u>
	Other: (explain) _____	(<u> </u>)	<u> </u>

Record for Issuance: SEP 02 2014

Secretarial Staff: _____ FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (i.e. am) responsible for the detail and accuracy of all information. (i.e. am) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (i.e. am) further accept liability which may be a result of Bayfield County relying on this information. (i.e. am) providing in or with this application. (i.e. am) 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): See Agent Letter Date: 8/19/14

Authorized Agent: Greg Carvin (If there are Multiple Owners, list the Deed Owners, sign or letter(s) of authorization must accompany this application.) Date: _____

Address to send permit: 34780 S. County Hwy J Bayfield WI 54814 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

In the 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%

STAK ATTACHED DRAWINGS
 AS WELL LETTER FROM PIKE'S BAY SANDTARY

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	210' ±	Setback from the Lake (ordinary high-water mark)	80'
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	30'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	11'	Setback from Wetland	Feet
Setback from the West Lot Line	300' ±	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	Feet		

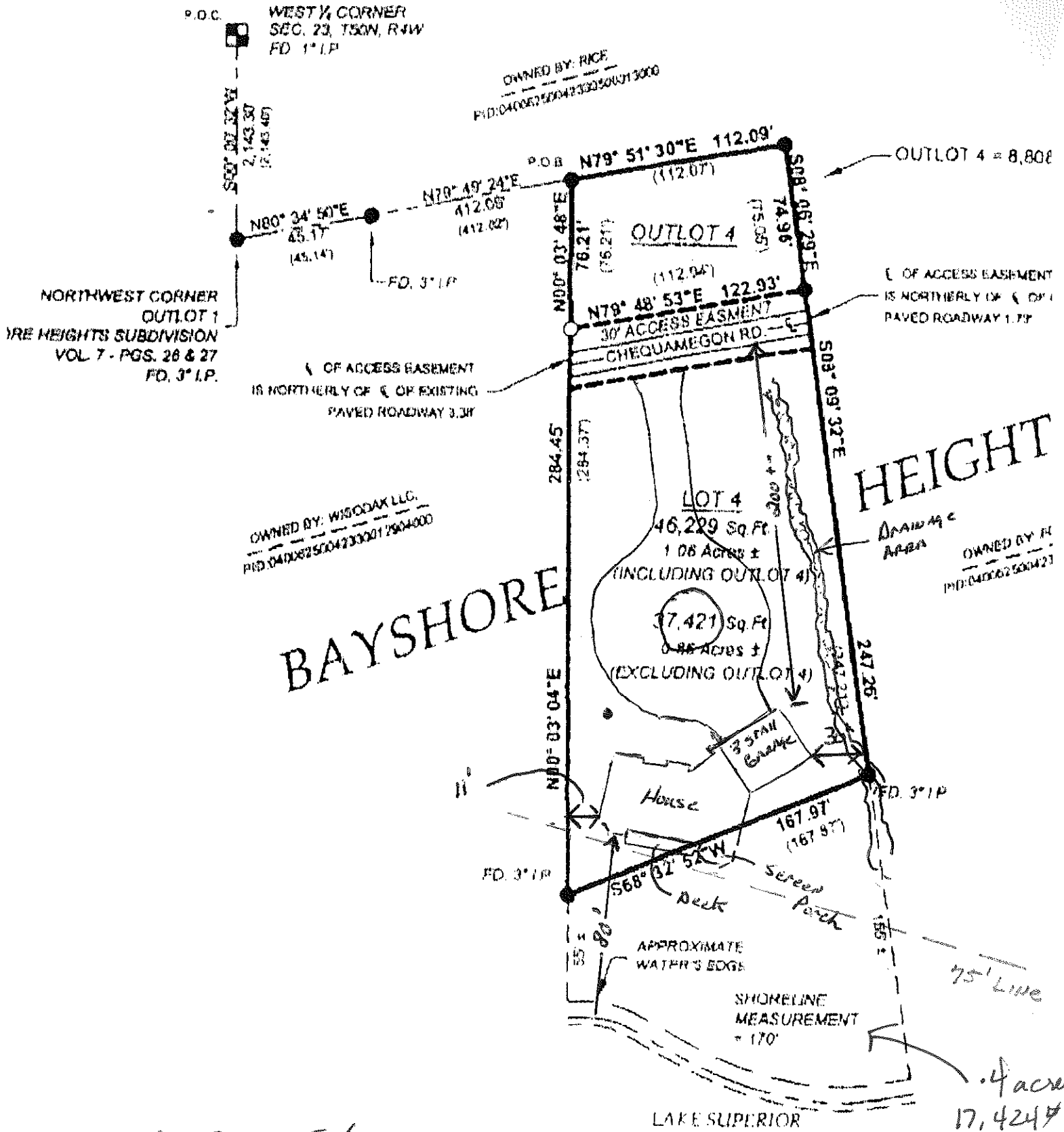
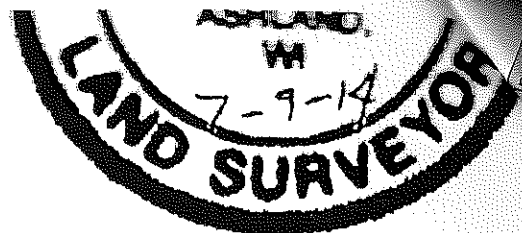
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's 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.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:	Municipal letter attached		
Permit #: 14-0807		Permit Date: 9-8-14			
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	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<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 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	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by:	Inspected by:	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Inspected previously to make bill set back by contractor + owner. Drainage advise for hydroponic system					
Date of inspection: 8-14-14	Inspected by: [Signature]	Zoning District: RB3	Lakes Classification: 1-Suburban	Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Conditions: town, committee or board conditions attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
IMPERVIOUS SURFACES SHALL NOT EXCEED 15% WHO NECESSARY MITIGATION TOTAL SQUARE FOOTAGE OF REMOVING IMPERVIOUS SURFACE ALLOWED = 1,771 SQ. SEE ATTACHED COLES. HOUSE REGURES UDC PERMITS					
Signature of Inspector: [Signature]	Date of Approval: 9-2-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

MEASUREMENTS ARE BASED ON THE WEST LINE OF THE
 T1/4, SECTION 23, TOWN 50 NORTH, RANGE 4 WEST.
 BEARING TO BEAR SOUTH 00°00'32" WEST



152 5,613.15

54,845 sq ft