

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)
 OCT 02 2014
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 14-0878
 Date: 10-6-14
 Amount Paid: \$75
 Refund: 10-8-14

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

Owner's Name: Andrew Frostman
 Address of Property: 71035 Old Rock Rd
 City/State/Zip: Grove, WI, 54880
 Telephone: 715-378-4098
 Contractor: Contractor Phone: Plumber: 715-898-9040
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Plumber Phone:

PROJECT LOCATION: Legal Description: (Use Tax Statement) N 1/4 NE 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (i.e. Property Ownership) Volume 505 Page(s) 346

Section 31, Township 48 N, Range 9 W, Town of: Old

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
 Yes No

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
\$15,000	<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 Specify Type: _____	<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>Drain Field</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 30' Height: 80'
 Proposed Construction: Length: 40' Width: 30' Height: 80'

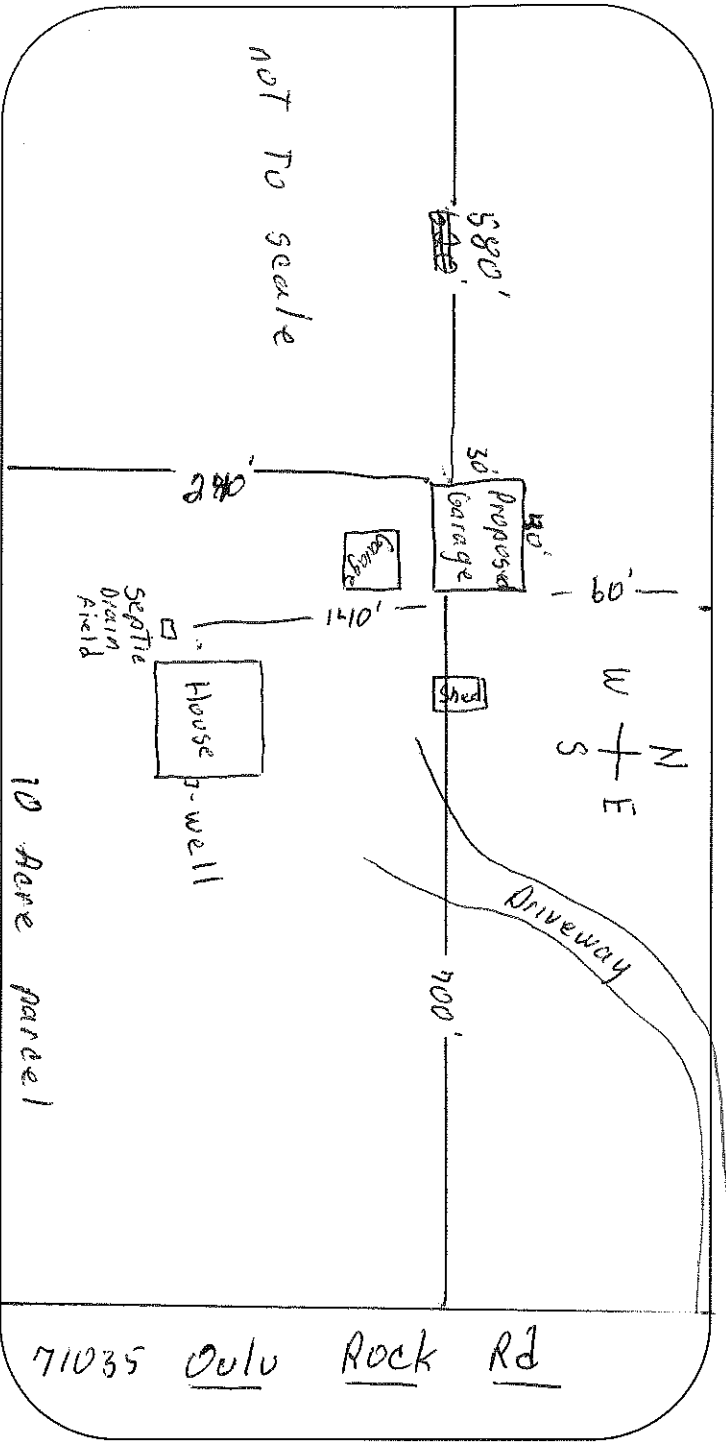
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
	with Attached Garage	() ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	()
	Mobile Home (manufactured date) _____	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() ()	()
	Accessory Building (specify) <u>Garage</u>	(30' X 40')	1800
	Accessory Building Addition/Alteration (specify) _____	() ()	()
	Special Use: (explain) _____	() ()	()
	Conditional Use: (explain) _____	() ()	()
	Other: (explain) _____	() ()	()

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: Andrew F. Frostman Date 9-30-14
 (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 71035 Old Rock Rd Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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	700' Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	663' Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	60' Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	270' Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	680' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	700' Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	130' Feet
Setback to Drain Field	10' 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 Dwelling: 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:			
Permit #: 14-0378	Permit Date: 10-6-14			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<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
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Zoning District ()			
Date of Inspection: 10-6-14	Inspected by: M. Futsch	Lakes Classification (NA)		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No — (If No they need to be attached.)				
<i>May not be used for human habitation. No water or power in structure.</i>				
<i>No plumbing fixtures in structure.</i>				
Signature of Inspector: Michael Futsch	Date of Approval: 10-6-14			
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"/>