

**SUBMITTED/COMPLETED APPLICATION, TAX ATTY FEE, 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 07 2014  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit # 14-03899  
 Date: 10-16-14  
 Amount Paid: \$75 10-7-14  
 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: DAVID & KAREN S. BERNARD Mailing Address: 64715 GILLES RD City/State/Zip: Asland WI 54806 Telephone: 715-746-2345  
 Address of Property: 64715 GILLES RD City/State/Zip: Asland WI 54806 Cell Phone:  
 Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_  
 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) SE 1/4, NE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 33, Township 47 N, Range 5 W Town of: Eiler Lot Size \_\_\_\_\_ Acreage 5.0

Recorded Document: (i.e. Property Ownership) Volume 1057 Page(s) 222

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes Distance Structure is from Shoreline: 117' ± 105' feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 If Yes—continue → If Yes—continue →

Non-Shoreland

Value at Time of Completion \* include donated time & material: \$4500.00

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input 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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<u>Storage</u>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary/Exists) Specify Type: _____	<input type="checkbox"/>
<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<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 checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Foundation		<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 22' Height: 15'  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<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 )	
	with Attached Garage	( X )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( X )	
<input type="checkbox"/> Mobile Home (manufactured date)		( X )	
<input type="checkbox"/> Addition/Alteration (specify)		( X )	
<input type="checkbox"/> Accessory Building (specify)	<u>Storage</u>	( 22 X 40 )	<u>880 sq ft</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( X )	
<input type="checkbox"/> Special Use: (explain)		( X )	
<input type="checkbox"/> Conditional Use: (explain)		( X )	
<input type="checkbox"/> Other: (explain)		( X )	

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 beginning property 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 for a reasonable time for the purpose of inspection.

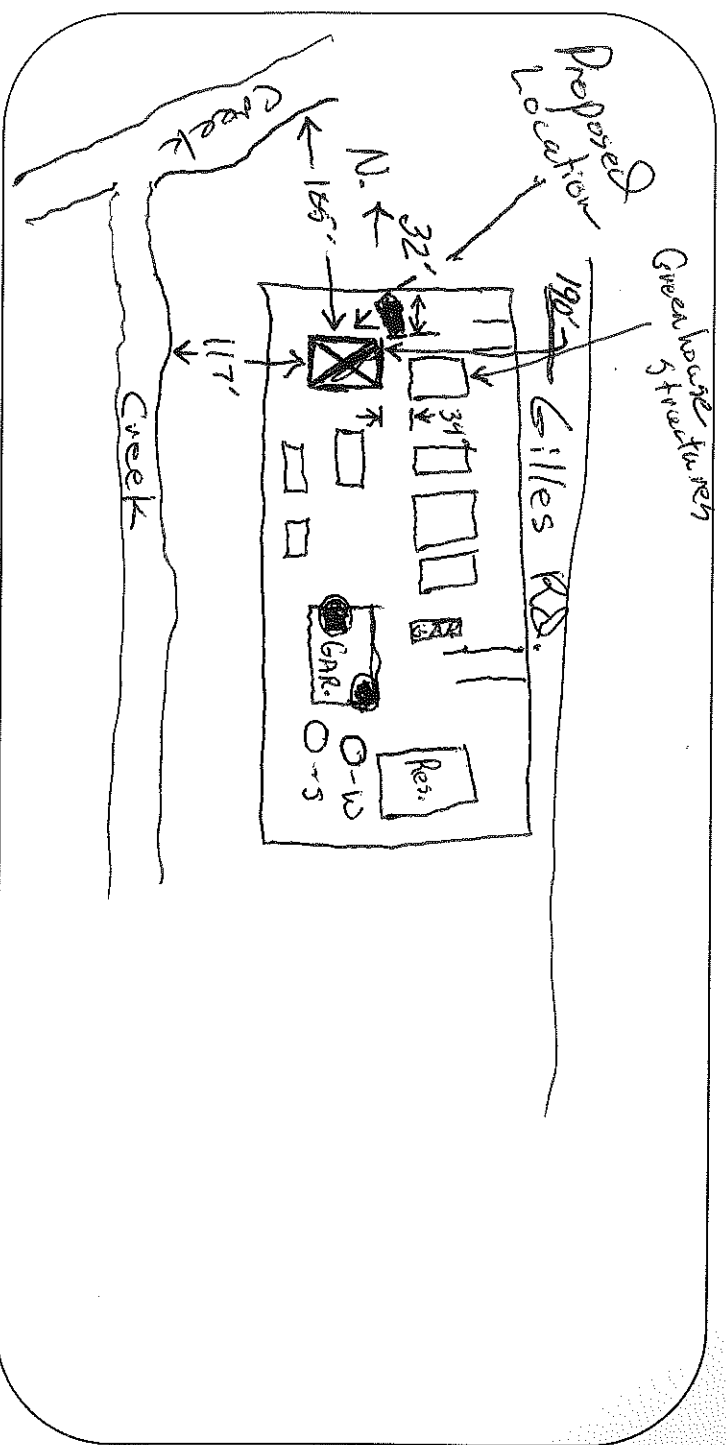
Owner(s): David & Karen S. Bernard Date 06 Oct 2014  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 64715 Gilles Rd, Asland WI, 54806 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)

- (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%



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	190' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	180' Feet	Setback from the River, Stream, Creek	117' / 165' Feet
Setback from the North Lot Line	32' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	32' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	180' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	350' Feet	Setback to Well	430' Feet
Setback to Drain Field	340' 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 #: 14-0389	Permit Date: 10-16-14				
<input type="checkbox"/> Parcel a Sub-Standard lot <input type="checkbox"/> Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A		
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: <b>Building site well staked. Wells Setbacks OK to issue permits.</b>	Inspected by: <b>Robert Schirman</b>	Zoning District: <b>(A51)</b>	Date of Re-Inspection:		
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) <b>Not for human habitation. No Plumbing fixtures unless served by approved Pumps. For residential use. Commercial use will require additional permitting.</b>					
Signature of Inspector: <i>[Signature]</i>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 10/15/14	