

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 Required)
 OCT 03 2014
 Bayfield Co. Zoning Dept

ENTERED
 Permit #: 14-0397
 Date: 10-21-14
 Amount Paid: \$185 10-3-14
 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: Leslie + Nancy Zell
 Address of Property: 28700 Friendly Valley Rd
 City/State/Zip: Washburn, WI, 54891
 Telephone: 651-777-7335
 Cell Phone: 651-775-3991

Mailing Address: 551 Upper 216th Ave
 City/State/Zip: Somerset, WI 54025

Contractor: Plumber:
 Contractor Phone:
 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) 1/4, 1/4
 PIN: (23 digits) 04-36147
 Recorded Document: (i.e. Property Ownership) Volume 10 Page(s) 192

Section 15, Township 49 N, Range 5 W
 Town of: Bayview
 Lot Size 79.8 Acreage 19.8

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
 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ 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 |
|--|--|---|--|---------------------------------------|--|-------------------------------|
| \$16,500 | <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 type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> Privy (Pvt) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | | <input type="checkbox"/> Foundation | | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | |

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 | Principal Structure (first structure on property) Pole Building | 30 x 40 | 1200 |
| | Residence (i.e. cabin, hunting shack, etc.) | | |
| | with Loft | | |
| | with a Porch | | |
| | with (2nd) Porch | | |
| | with a Deck | | |
| | with (2nd) Deck | | |
| <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) | | |
| | Mobile Home (manufactured date) | | |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) | | |
| | Accessory Building (specify) | | |
| | Accessory Building Addition/Alteration (specify) | | |
| | Special Use: (explain) | | |
| | Conditional Use: (explain) | | |
| | Other: (explain) | | |

OCT 21 2014

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including an 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) are responsible for the 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 asserted by Bayfield County relying on the information I (we) am (are) providing in 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.

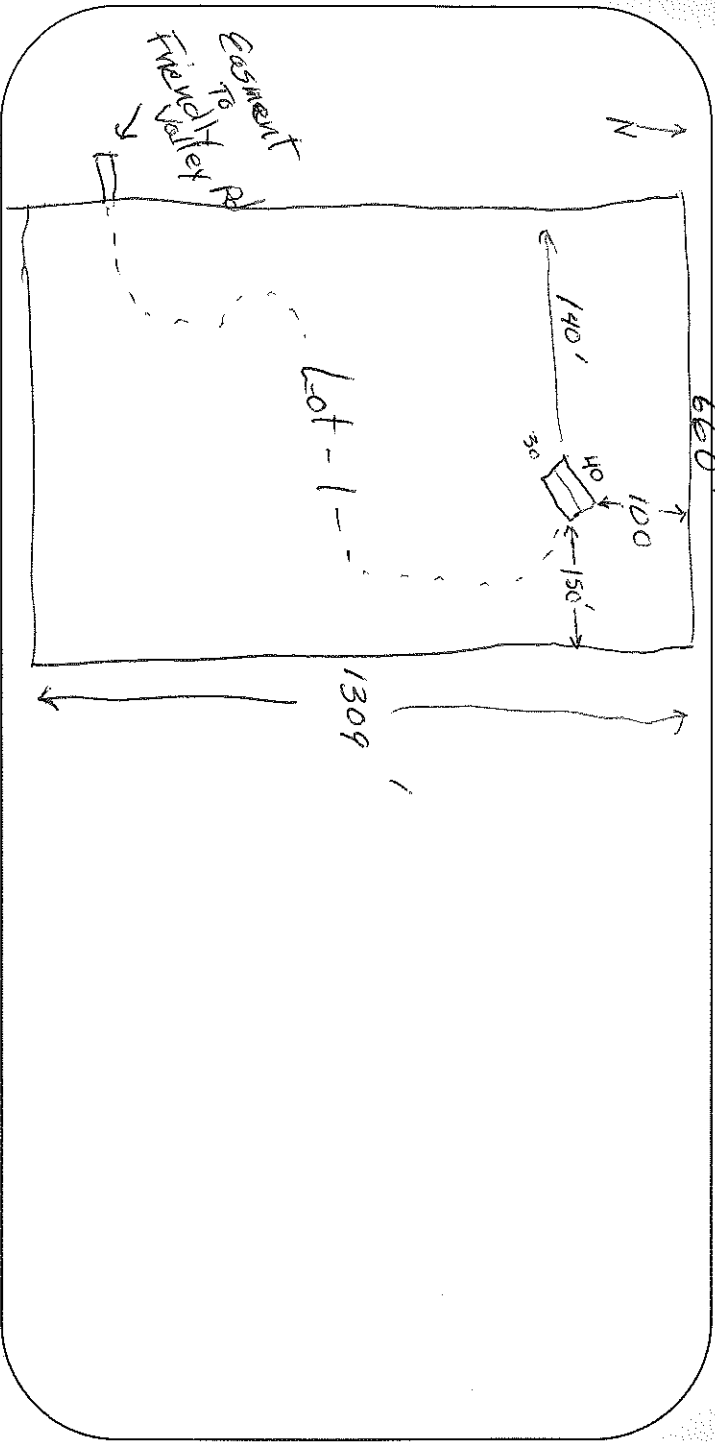
Owner(s): Leslie Zell
 Date 10-3-14

Authorized Agent: _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign OR letter(s) of authorization must accompany this application)

Address to send permit _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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%



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 | ± 1000 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 | 0 Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 900 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 140 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 150 Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | N/A 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): | | N/A | | | |
| Permit #: 14-0897 | Reason for Denial: | | | | |
| Permit Date: 10-21-14 | | | | | |
| Is Parcel a Sub-Standard Lot: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Deed of Record: | <input type="checkbox"/> Yes <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 <input checked="" type="checkbox"/> No | Fused/contiguous Lot(s): | <input type="checkbox"/> Yes <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 |
| Is Structure Non-Conforming: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Affidavit Attached: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.): | Case #: _____ | Previously Granted by Variance (B.O.A.): | Case #: _____ | | |
| Was Parcel Legally Created: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 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 | Was Property Surveyed: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: SITE WELL MARKED & STAKED. | | | | | |
| Date of Inspection: 10-20-14 | Inspected by: C. BROWNBERG MURPHY | | | | |
| Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached) | | | | | |
| <p>ALL BUILDINGS SHALL NOT BE USED FOR HABITATION OR SUPPORTING PURPOSES. BUILDING NOT APPROVED FOR INDOOR PUMPKIN UNLESS CONNECTION TO APPROVED PUMPS MADE</p> | | | | | |
| Signature of Inspector: _____ | | | | | Date of Approval: 10-21-14 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | |