

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Dept.  
 PO Box 58  
 Washburn, WI 54991  
 (715) 373-6138

\$125.00

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY WISCONSIN  
 Date Stamp (Received)  
 NOV 12 2014  
 Bayfield Co. Zoning Dept

ENTERED

Permit #:	14-0458
Date:	11-05-14
Amount Paid:	\$185 11-12-14
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:** Michael Cashman  
**Mailing Address:** 419 Saint Clair St. Ashland, WI 54806  
**Telephone:** 715 292 6075  
**Cell Phone:** 715 292 2250

**Address of Property:** MENUS SECT TAWN ROSW  
**City/State/Zip:** Town of Washburn  
**Plumber:** N/A  
**Plumber Phone:** N/A

**Contractor:** Jim Pearce  
**Contractor Phone:** 715 292 1659  
**Agent Mailing Address (include City/State/Zip):** N/A  
**Written Authorization Attached:**  Yes  No

**Authorized Agent: (Person Signing Application on behalf of Owner(s))** B/A  
**Agent Phone:** N/A

**PROJECT LOCATION:** NE 1/4, NW 1/4  
**Legal Description:** (Use Tax Statement) PIN: (23 digits) 04-650-2-48-65-07-2-01-000 7000  
 Volume 1045 Page(s) 186 93

**Section:** 7, Township AS N, Range S W  
**Town of:** Washburn

**Shoreland**  **Non-Shoreland**

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? **Yes---continue**  
 Distance Structure is from Shoreline: 300 x 500 + feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage **Yes---continue**  
 Distance Structure is from Shoreline: feet

**Is Property in Floodplain Zone?**  Yes  No  
**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
\$ 4500						
	<input type="checkbox"/> New Construction	<input 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	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> Shed	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Storage Shed	<input checked="" type="checkbox"/> None			<input checked="" type="checkbox"/> Compost Toilet	

**Existing Structure:** (if permit being applied for is relevant to it)  
**Proposed Construction:** Pavilion type structure  
 Length: 30' Width: 24' Height: 15' approx

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	30 x 24	720
<input type="checkbox"/>	Residential Use		
<input type="checkbox"/>	Commercial Use		
<input type="checkbox"/>	Municipal Use		
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)		
<input type="checkbox"/>	Accessory Building (specify)		
<input type="checkbox"/>	Mobile Home (manufactured date)		
<input type="checkbox"/>	Addition/Alteration (specify)		
<input type="checkbox"/>	Special Use: (explain)		
<input type="checkbox"/>	Conditional Use: (explain)		
<input type="checkbox"/>	Other: (explain)		

**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 Bayfield County relying on the 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):** Michael Pearce  
 Date: 11/12/14

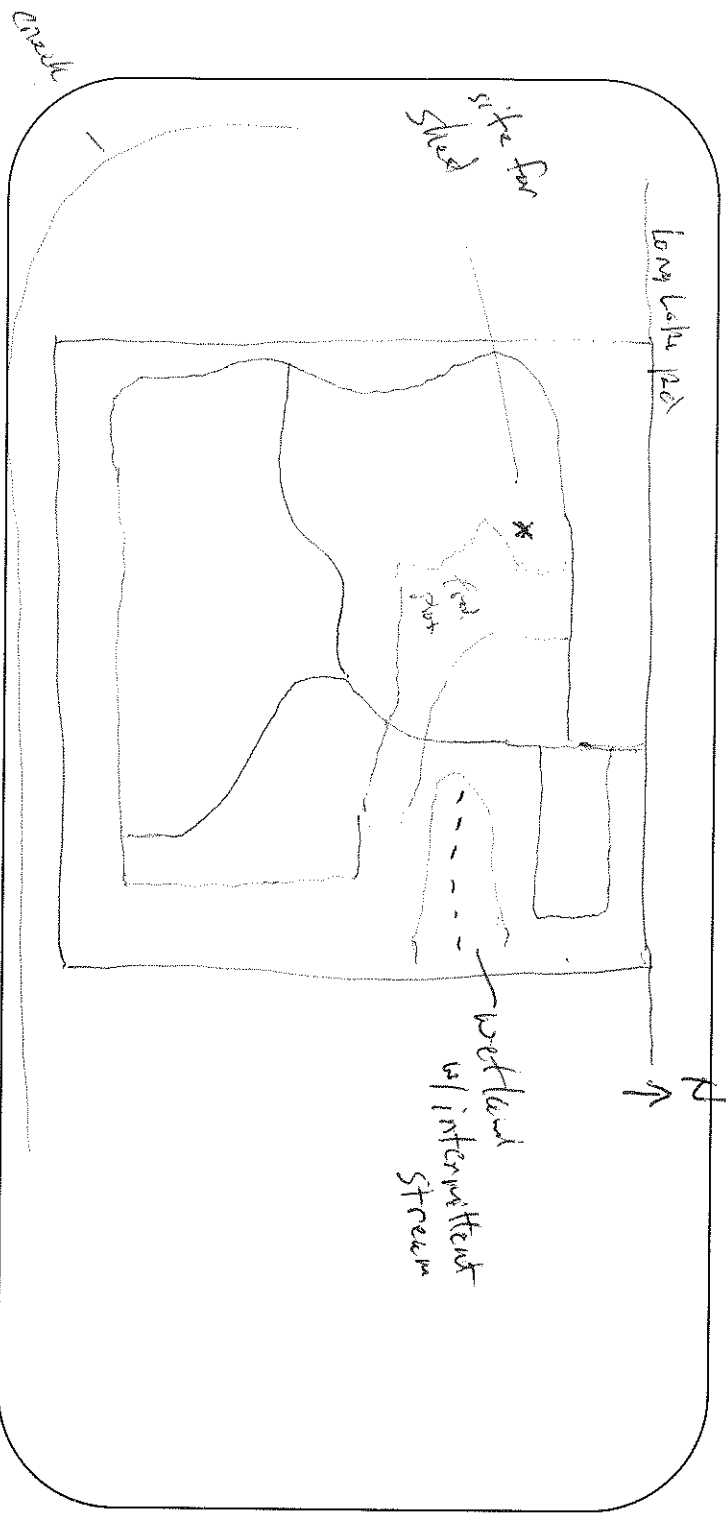
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

**Address to send permit:** \_\_\_\_\_  
 (If you recently purchased the property send your Recorded Deed)

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%



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	364 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	334 Feet	Setback from the River, Stream, Creek	545 Feet
Setback from the North Lot Line	334 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	979 Feet	Setback from Wetland	545 Feet
Setback from the West Lot Line	145 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1146 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>n/a</u>	# of bedrooms: _____	Sanitary Date: _____	
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <u>11-25-14</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Beed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit 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 Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Does not appear to be located in wetland</u> <u>How however difficult to see ten by snow etc.</u>		Zoning District (F-1) Lakes Classification (3)			
Date of Inspection: <u>11-24-14</u>	Inspected by: <u>J. [Signature]</u>	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.)					
Signature of Inspector: _____ Date of Approval: <u>11-24-14</u>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Hold For: <input type="checkbox"/>	

Buildings shall not be used for septic purposes unless necessary permit obtained to convert use. No indoor plumbing allowed by conversion to approved parts.