

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

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.

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY WISCONSIN  
 RECEIVED  
 OCT 09 2014  
 Bayfield Co. Zoning Dept.

**ENTERED**  
 Permit #: 14-0459  
 Date: 12-16-14  
 Amount Paid: 90. - 10-9-14  
 Refund: *dkc*

**TYPE OF PERMIT REQUESTED** →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Tony Turgeon Mailing Address: P.O. Box 891 City/State/Zip: ASHLAND WI 54806 Telephone: 715 209 2221

Address of property: 25680 County Rd City/State/Zip: ASHLAND WI 54806 Cell Phone: \_\_\_\_\_

Contractor: SELF 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) W 1/2 SE 3W SE 1/4 PIN: (23 digits) 04- Recorded Document: (i.e. Property Ownership) Volume 1074 Page(s) 932

Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 6, Township 47 N, Range 5 W Town of: SILVER Lot Size \_\_\_\_\_ Acreage 5

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: \_\_\_\_\_ feet

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

Non-Shoreland

Value at Time of Completion \* include donated time & material: \$ 30,000

<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Porch	<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"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>CPH6</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 40 Width: 36 Height: 18 FT

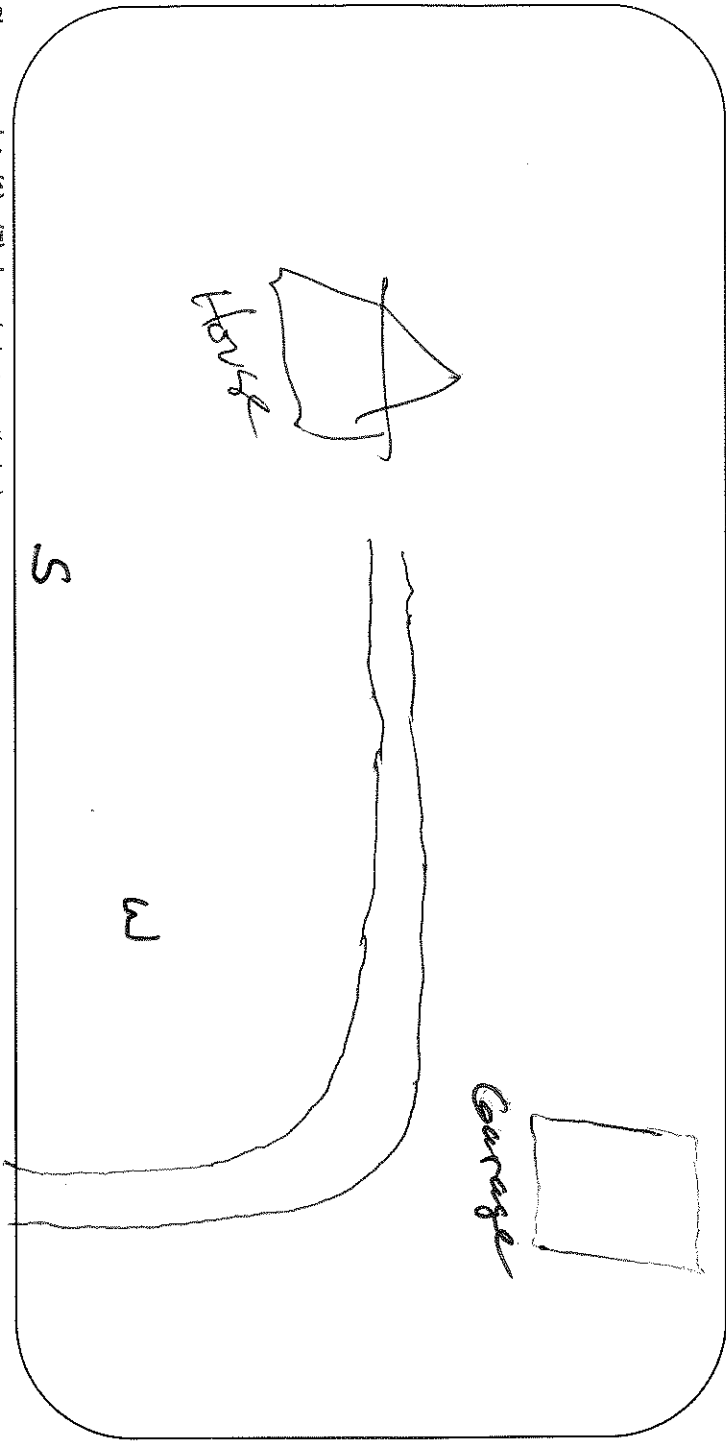
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( )	( )
<input checked="" type="checkbox"/> Residential Use	with a Porch	( )	( )
<input type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/> Commercial Use	with (2 <sup>nd</sup> ) Deck with Attached Garage	( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date) _____	( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( )	( )
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Garage w/ storage</u>	( <u>36</u> x <u>40</u> )	( <u>1440</u> )
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	( )	( )
Rec'd for Inspection	Special Use: (explain) _____	( )	( )
DEC 16 2014	Conditional Use: (explain) _____	( )	( )
Secretarial Stamp	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 design 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.

Owner(s): Tony Turgeon Date: 10-8-14  
 (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 P.O. Box 891 Ashland WI 54806 Attach Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE 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)

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	33.5 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	22.1 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Road	Setback from Wetland	Feet
Setback from the West Lot Line	16.7 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	15.3 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20.8 Feet	Setback to Well	17.8 Feet
Setback to Drain Field	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.

13554 (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: 13583 # of bedrooms: 2 Sanitary Date: 9-15-81

Permit Denied (Date): Reason for Denial:

Permit #: 14-0459 Permit Date: 12-16-14

Is Parcel a Sub-Standard Lot  Yes  Deed of Record  No  No

Is Parcel In Common Ownership  Yes  Fused/Contiguous Lot(s)  No  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No  No

Case #: \_\_\_\_\_

Previously Granted by Variance (B.O.A.)  Yes  No  No

Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No  No

Was Proposed Building Site Delineated  Yes  No  No

Inspection Record: Sewer distribution to ground surface upon property

Numbered schedule changed from 3yr to 3mo. owner had

the pumps 12-10-14. letters in the book

Date of Inspection: OCT 28 previous Inspected by: J. CRAWFORD, M. LEWIS

Conditions: Town, Committee or Board Conditions Attached?  Yes  No - (If No they need to be attached.)

Business shall NOT BE USED FOR HUMAN HABITATION AND SHALL NOT HAVE INTERIOR PUMPIBIL FIXTURES OR CONNECTION TO PRESSURE ZONED WATER SOURCE UNLESS CONNECTION TO PWT IS APPLIED FOR + APPROVED

Signature of Inspector: \_\_\_\_\_ Date of Approval: 12-16-14

Hold For Sanitary:  Hold For TBV:  Hold For Affidavit:  Hold For Fees:  \_\_\_\_\_

LOFT SHALL BE USED FOR STORAGE OR (NON-HABITATION) ONLY.