

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

ATF (Building) ONLY
APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date: DEC 08 2014
 Bayfield Co. Zoning Dept.

ENTERED Permit #: 15-0010
 Date: 1-14-15
 Amount Paid: \$75 B-8-14
 Refund: 1-14-15/9 \$75 ATF & HHS
\$ 75 charge if used

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

Owner's Name: WILLIAM & ANN YERKITT **Mailing Address:** 1301 DuBay Ave STEBENS PRNT **City/State/Zip:** STI TOWN OF BAYFIELD, WI, 54814 **Telephone:** 715 341 5588

Address of Property: 8400 SILVER RIDGE **Contractor Phone:** 715 498 3810 **Plumber:** N/A **Agent Mailing Address (include City/State/Zip):** WISCONSIN STATE PLUMBER POINT **Written Authorization Attached:** Yes No N/A

Authorized Agent: SELF **Agent Phone:** 715 498 3810 **Agent Mailing Address (include City/State/Zip):** 1301 DuBay Ave STEBENS PRNT **Volume:** 10277 **Page(s):** 5/8

PROJECT LOCATION: NE 1/4 SW 1/4 **Gov't Lot:** 2 **Lot(s):** 1417 **Vol & Page:** Vol P. 299 **Lot(s) No.:** 5000 **Block(s) No.:** 5000 **Subdivision:** 10277

Section: 22 **Township:** 52 **N. Range:** 24 **W. Range:** 24 **Town of:** Bayfield **Lot Size:** Varies **Acreage:** 2.78

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? **Distance Structure Is from Shoreline:** CREATED THRU 75 feet **Is Property in Floodplain Zone?** Yes No

Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage **Distance Structure Is from Shoreline:** CREATED THRU 1000 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
\$ <u>125,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>sewer tank</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) **Length:** 24'-0" **Width:** 12'-0" **Height:** 12'-0"

Proposed Construction: **Length:** 10'-0" **Width:** 8'-0" **Height:** 12'-0"

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

Rec'd for Issuance: JAN 14 2015

Secretarial Staff:

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 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): William and Ann Yerkitz **Date:** December 1, 2014

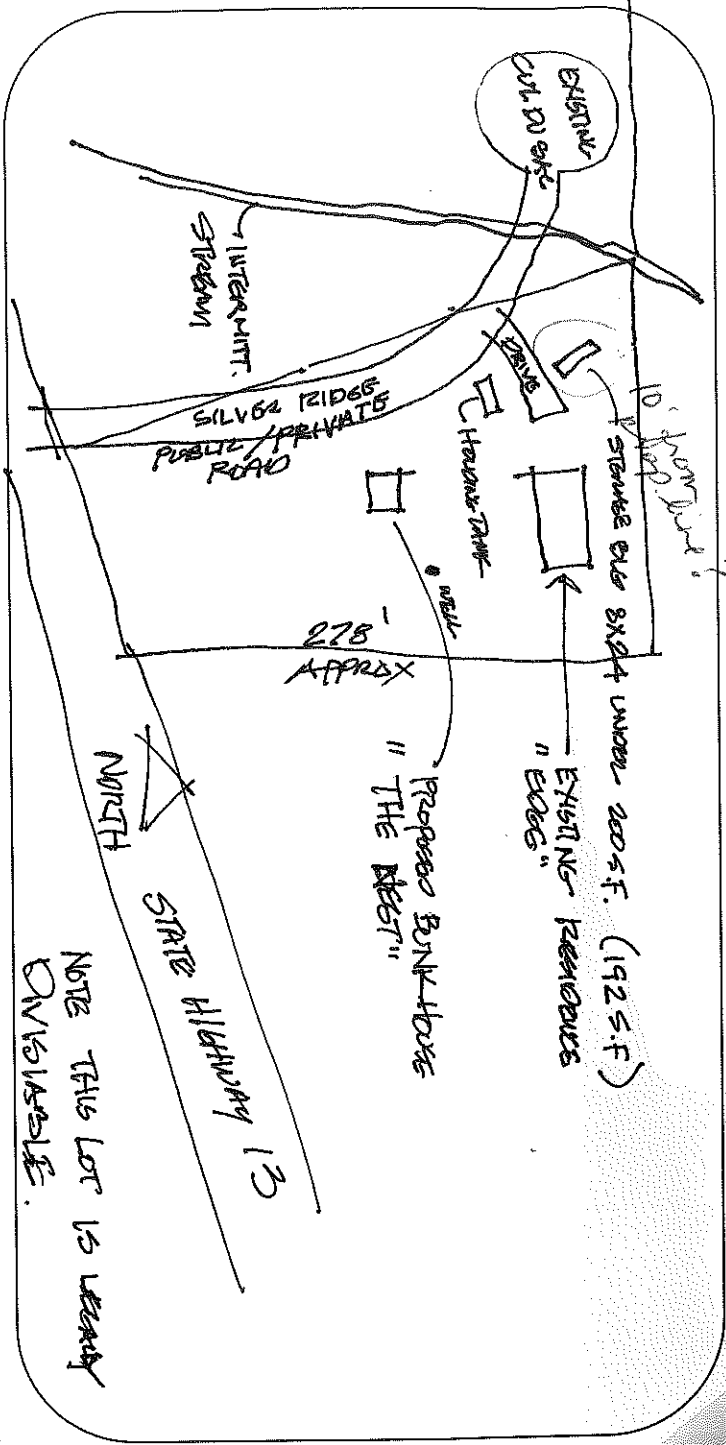
(If there are Multiple Owners must sign or letter of authorization must accompany this application)

Authorized Agent: Ann Yerkitz **Date:** December 1, 2014

(If you are signing on behalf of the owner(s)) a letter of authorization must accompany this application

Address to send permit: 1301 DuBay Ave, STEBENS PRNT, WI. **Attach:** Copy of Tax Statement

- (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.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	170	Setback from the Lake (Ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	140 to 150 Feet	Setback from the River, Stream, Creek	100' ± N/A
Setback from the North Lot Line	Gravel 100 Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	Gravel 100 Feet	Setback from Wetland	N/A
Setback from the West Lot Line	Approx 50' Feet	20% Slope Area on property	NO PLACES
Setback from the East Lot Line	Approx 75' Feet	Elevation of Floodplain	APPROX 100' ±
Setback to Septic Tank or Holding Tank	APPROX 75' Feet	Setback to Well	APPROX 50' Feet
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

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.
 House - 09-0492
 320 sq'

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: 09-1405 # of bedrooms: 1 Sanitary Date: 11/14-15

Permit #: 1570010 Permit Date: 11/14-15 Reason for Denial: not connected to this structure

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

Is Parcel in Common Ownership Yes No (Used/Contiguous Lot(s)) Yes No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No AFE - BUILDING PRESENT

Were Property Lines Represented by Owner Yes No

Was Property Surveyed Yes No PREVIOUSLY

Inspected by: J. CARROLL MURPHY/THAT STAYS

Date of Re-Inspection: _____

Inspection Record: ACCESSORY STRUCTURE MAY BE TOO CLOSE TO NOISE/PROPERTY LINE. TO FOLLOW UP AFTER NEW SEWERLINE INSTALLED

Date of Inspection: 12-12-14

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

INTEGRAL "DRY FLUSH TOILET" SHALL BE REMOVED. ANY FUTURE COMPLAINT SANITATION SHALL BE APPLIED FOR THROUGH BAYFIELD County Board.

Signature of Inspector: _____ Date of Approval: 1-14-15

Hold For Sanitary: Hold For TPA: Hold For Affidavit: Hold For Fees: