

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
 DEC 17 2014
 Bayfield Co. Zoning Dept.



Permit #:	15-0012
Date:	1-19-15
Amount Paid:	\$885 12-8-14
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: Scott & Liz Bolin Mailing Address: 79030 Dyer Rd Washburn, WI 54891 Telephone: _____
 Address of Property: _____ City/State/Zip: _____ Cell Phone: 715-292-4691

Contractor: Scott Bolin Contractor Phone: 715-292-4691 Plumber: Cady Plumbing Plumber Phone: 715-373-2378
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 292-4691 Agent Mailing Address (include City/State/Zip): Washburn, WI 54891 Written Authorization Attached Yes No

PROJECT LOCATION: SE 1/4, SW 1/4 Gov't Lot: 8 CSM: 1334 Vol & Page: 8 130 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section: 11, Township: T30 N, Range 04 W Town of: Bayfield Lot Size: _____ Acreage: 2.21

Legal Description: (Use Tax Statement) 04-000-02-ED-04-11-3-04-000-1-0000 Recorded Document: (i.e. Property Ownership) Volume: 1127 Page(s): 700

PROJECT LOCATION: SE 1/4, SW 1/4 Gov't Lot: 8 CSM: 1334 Vol & Page: 8 130 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Shoreland Non-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

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
\$ 275,000	<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 checked="" type="checkbox"/> (New) Sanitary	Specify Type: <u>Mound</u> <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bid)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<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 type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: _____ Length: 166 Width: 52 Height: 22

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.)	<u>166 X 52</u>	<u>3432</u>
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<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)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
Rec'd for Issuance	Special Use: (explain) _____	() X ()	()
JAN 19 2015	Conditional Use: (explain) _____	() X ()	()
Secretarial Staff	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 a field 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): Scott Bolin Date: 12-17-14
 (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: _____ Attach _____
 If you recently purchased the property send your Recorded Deed
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the 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%

See attached

owner called for application late TUE 12-16-14 + SAID HE NEEDS PERMIT BY 12-19-14. NO MOUND OR SANITARY PERMIT ON FILE. RE:ID LAND USE APP. 12-17-14 + INSPECTED SAME DAY. PERMIT FOUNDATION ON 12-19-14. SANITARY PERMIT APP RE:ID 1-7-15 W/ RECORDED AGREEMENT. SANITARY APPROVED 1-8-15. LAND USE APPROVED 1-8-15. X2 FINE WAITED PER 13-1-21 (E)(1)(C)(2).

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	200 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	60 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	190 Feet	Setback from Wetland	Pond 150 Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	25 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.

(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: 15-015	# of bedrooms: _____	Sanitary Date: 1-13-15
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: 15-0012	Permit Date: 1-19-15			
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Flagged <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Foundation slab installed prior to permit issuance. FINE WAITED FOR AT GRADE CONST. PER R. SCHERMAN, DIRECTOR OF PLANNING DISTRICT (N/A)				
Date of Inspection: 12-17-14	Inspected by: J. Carmon Borg - Municipality	Date of Re-Inspection: _____		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)				
No Decks, porches etc allowed w/o permit(s) for Addition(s).				
Signature of Inspector: _____		Date of Approval: 1-14-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Standard Erosion Control Plan for 1- & 2-Family Dwelling Construction Sites

attachmen

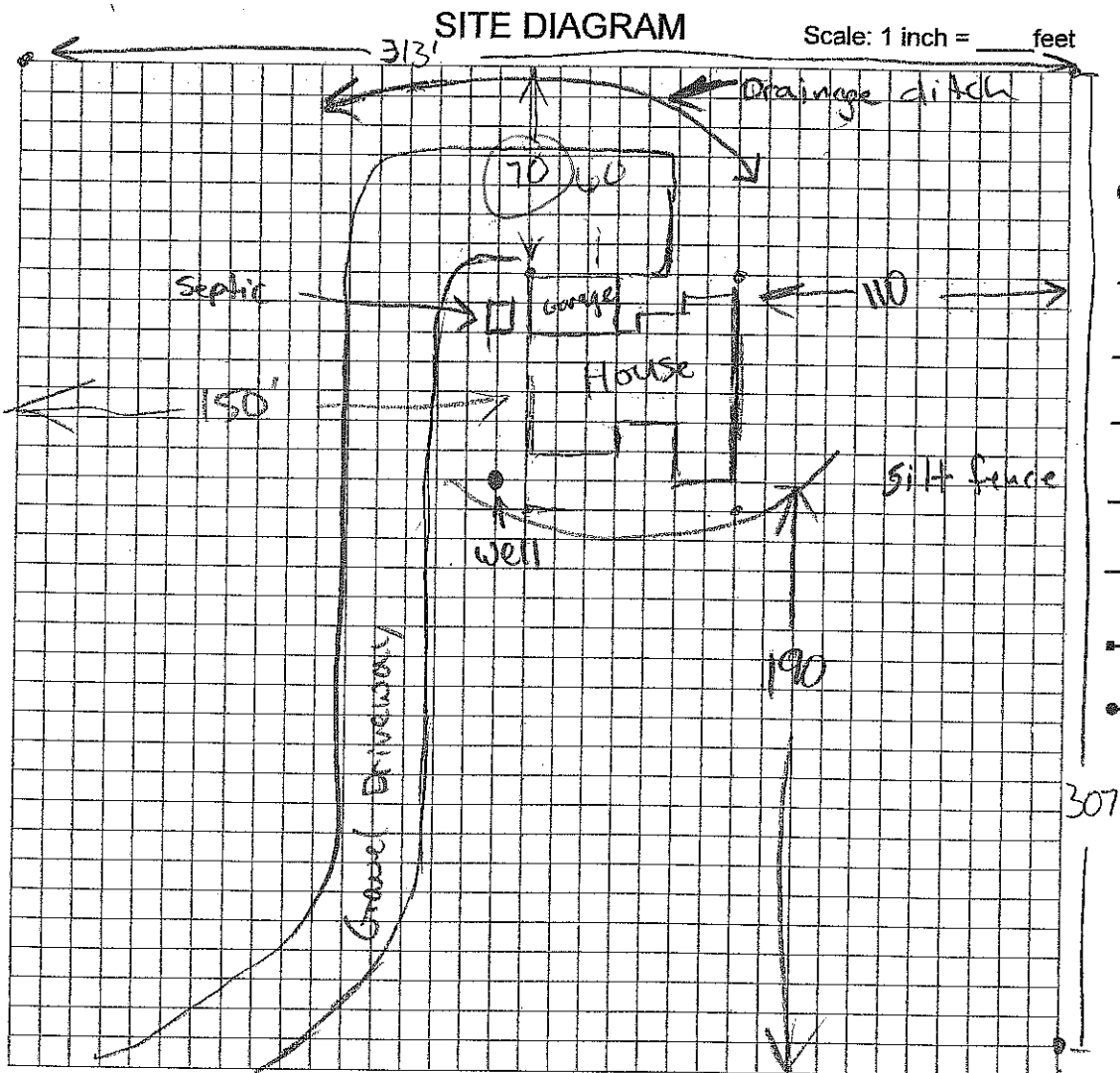
According to Chapters SPS 320 & 321 of the Wisconsin Uniform Dwelling Code, soil erosion control information needs to be included on the plot plan which is submitted and approved prior to the issuance of building permits for 1- & 2-family dwelling units in those jurisdictions where the soil erosion control provisions of the Uniform Dwelling Code are enforced. This Standard Erosion Control Plan is provided to assist in meeting this requirement.

Instructions:

1. Complete this plan by filling in requested information, completing the site diagram and marking appropriate boxes on the inside of this form.
2. In completing the site diagram, give consideration to potential erosion that may occur before, during, and after grading. Water runoff patterns can change significantly as a site is reshaped.
3. Submit this plan at the time of building permit application.

PROJECT LOCATION Black Bear Ridge Rd., Bayfield, WI 54814
 BUILDER Scott Bodin OWNER Scott Bodin
 WORKSHEET COMPLETED BY Scott Bodin DATE _____

Please indicate north by completing the arrow.



EROSION CONTROL PLAN LEGEND

- PROPERTY LINE
- EXISTING DRAINAGE
- TD TEMPORARY DIVERSION
- FINISHED DRAINAGE
- LIMITS OF GRADING
- SILT FENCE
- STRAW BALES
- GRAVEL
- VEGETATION SPECIFICATION
- TREE PRESERVATION
- STOCKPILED SOIL