

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 FEB 18 2015
 Bayfield Co. Zoning Dept.

Permit #: **15-0034**
 Date: **3-3-15**
 Amount Paid: **16850**
 Refund: **3-3-15**

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: Tom & Cheryl Mailing Address: PO Box 794 City/State/Zip: Hobbs, WI 54894 Telephone: (715) 774-3800

Address of Property: 87176 Bark Lane City/State/Zip: Hobbs, WI 54894 Cell Phone: _____

Contractor: Herbster Communications Club Contractor Phone: 715-774-3893 Plumber: None Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Herb & Steele Agent Phone: 715-767-774-3780 Agent Mailing Address (include City/State/Zip): PO Box 294, Hobbs, WI 54894 Written Authorization Attached Yes No

PROJECT LOCATION: _____ Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04 214-2-58-07-05-400-1A1-1100 Recorded Document (i.e. Property Ownership) Volume _____ Pages _____

Section 05, Township SAL N, Range 07 W Town of: Clover Lot Size: 1.22 Acres Acreage: 0.94

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: 180 feet

Non-Shoreland

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>\$22,1000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Porta Potty</u>	<input type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<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"/> None
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> None
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

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

Proposed Construction: Length: 28' Width: 34' Height: 15'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>28</u> x <u>34</u>)	<u>952</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____ x _____)	_____
	<input type="checkbox"/> with Loft	(_____ x _____)	_____
	<input type="checkbox"/> with a Porch	(_____ x _____)	_____
	<input type="checkbox"/> with (2 nd) Deck	(_____ x _____)	_____
	<input type="checkbox"/> with a Deck	(_____ x _____)	_____
<input checked="" type="checkbox"/> Commercial-Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(_____ x _____)	_____
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(_____ x _____)	_____
	<input type="checkbox"/> Addition/Alteration (specify) _____	(_____ x _____)	_____
<input checked="" type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify) _____	(_____ x _____)	_____
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____ x _____)	_____
Rec'd for Issuance	<input type="checkbox"/>		
<u>MAR 03 2015</u>	<input checked="" type="checkbox"/> Special User: (explain) <u>Public Pavilion</u>	(<u>38</u> x <u>34</u>)	<u>952 sq ft</u>
Secretarial Staff	<input checked="" type="checkbox"/> Conditional Use: (explain) <u>New Area western parking</u>	(_____ x _____)	_____
	<input type="checkbox"/> 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 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.

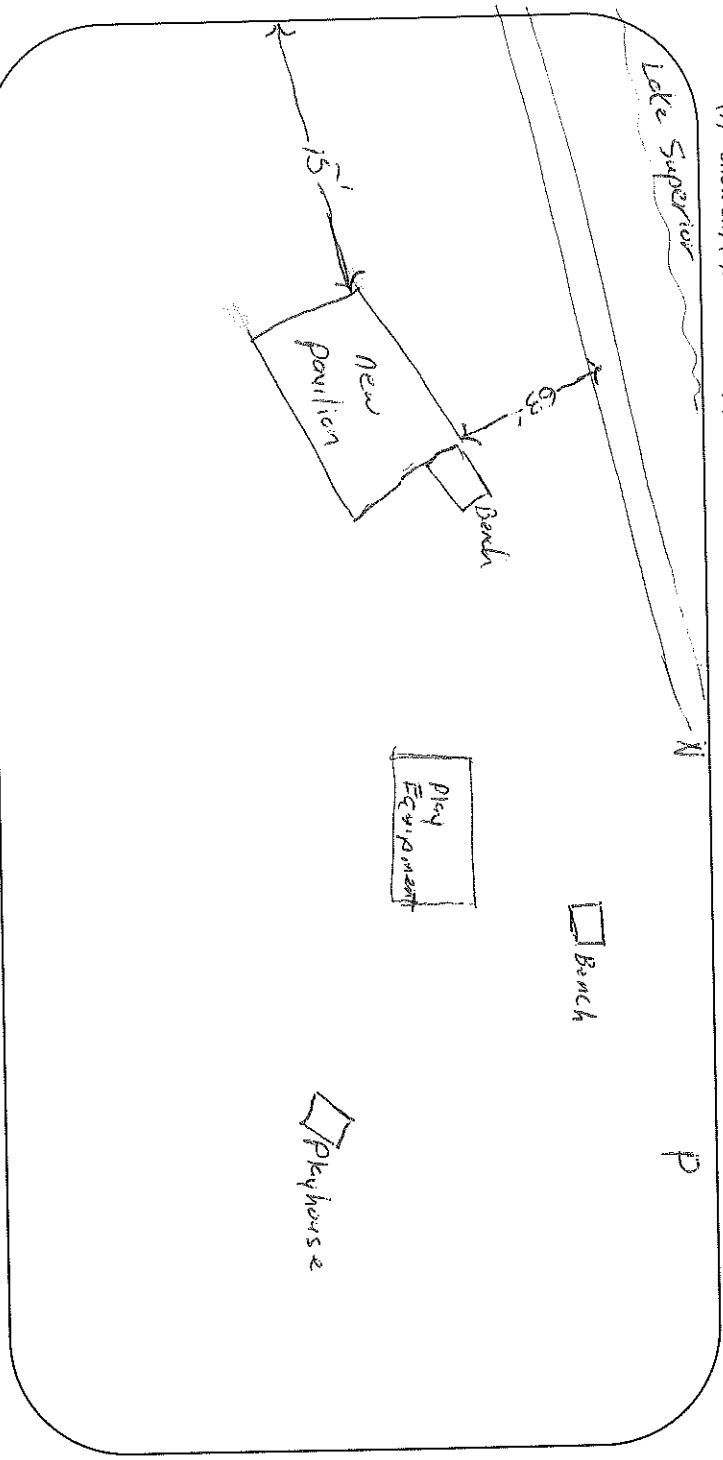
Owner(s): Tom & Cheryl Date 2-17-15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 Tom of Cheryl, P.O. Box 24, Hobbs, WI Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	63 Feet	Setback from the Lake (ordinary high-water mark)	120 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	53 Feet	Setback from the Bank or Bluff	110 Feet
Setback from the South Lot Line	107 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	15 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	86 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable Composting)	105 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: N/A # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 15-0034 Permit Date: 3-3-15

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

Is Parcel in Common Ownership Yes (Fused/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 Yes No Yes No Yes No

Were Property Lines Represented by Owner Yes No Yes No

Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Site well staked + corners of bldg spray painted on ground. Side property line (closest) staked as well.

Date of Inspection: 3-2-15 Inspected by: Zoning District: Lakes Classification:

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

Furthest extension of the building, including the, stair meet
All Required Setbacks.

Date of Re-Inspection:

Signature of Inspector: Date of Approval: 3-2-15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: