

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

ATF

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Exam (Month/Day) **15 FEB 26 2015**

Bayfield Co. Zoning Dept.

Permit #:	15-0035
Date:	3-4-15
Amount Paid:	\$150
Refund:	3-4-15

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: Craig + Pam Lincoln Mailing Address: 4901 Peabody St. Duluth, MN 55804 Telephone: 218.343.9312

Address of Property: 9451B Raspberry Shore Rd City/State/Zip: Duluth, MN 55804 Cell Phone: _____

Contractor: NA 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) 1/4, 1/4 Gov't Lot 2 Lot(s) 1 CSM 1053/67 Lot(s) No. _____ Block(s) No. _____ Subdivision: Raspberry Bay Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 35, Township 52N, Range 04 W Town of: Russell Lot Size _____ Acreage .69

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

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion <small>*Include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>unknown</u>	<input 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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Shower</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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: <u>26'4"</u>	Width: <u>22'24"</u>	Height: <u>~15'</u>	
	Proposed Construction:					

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 ()	()
<input type="checkbox"/> Commercial Use	Bunhouse 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) <u>garage</u>	(<u>26</u> X <u>22</u>)	(<u>572</u>)
	Accessory Building Addition/Alteration (specify)	() X ()	()
Rec'd for Issuance	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	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 for any reasonable time for the purpose of inspection.

Owner(s): Jeffrey & Pamela Lincoln Date 1/16/2015

(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)

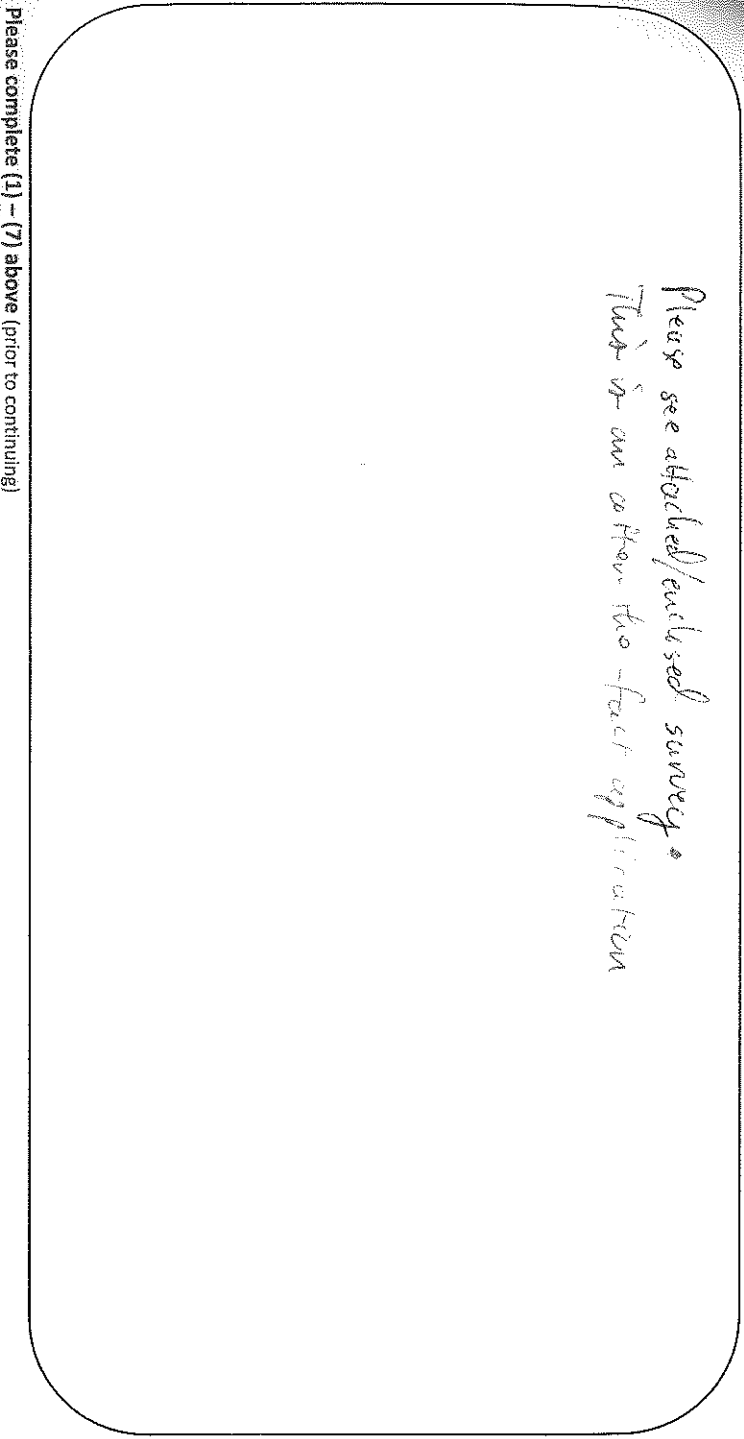
Address to send permit: _____ Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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 see attached/enclosed survey.
This is an action for fee application



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	~ 9' 8"	Setback from the Lake (ordinary high water mark)	215 Feet
Setback from the Established Right-of-Way	~ 40'	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	~ 170'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	~ 70'	Setback from Wetland <i>Since you've changed the wetland</i>	150 Feet
Setback from the West Lot Line	30' x 40' Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	50' 24" <i>Corner</i> Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	~ 100 sq ft	Setback to Well	120 Feet
Setback to Drain Field	~ 170' 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 Dwelling: 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:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	
Permit #: <u>15-0035</u>	Permit Date: <u>3-27-15</u>	Sanitary Date: <u>3-4-15</u>
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Yes (Deed of Record) <u>3-27-15</u> <input type="checkbox"/> No <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/contiguous lots) <input type="checkbox"/> No <input type="checkbox"/> Is Structure Non-Conforming <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: _____	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No Case #: _____	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Was Property Surveyed <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No ATF _____	Date of Inspection: <u>3-2-15</u>	Inspected by: <u>J. Greenberg - MUEPHT</u>
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Building not approved for habitation or conversion to PAVTS unless necessary county permits are obtained.	Date of Re-Inspection: _____	Zoning District: <u>R-2B</u> Lakes Classification: <u>1 - Superior</u>
Signature of Inspector: _____	Date of Approval: <u>3-2-15</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"/> _____		

House (mobile home) w/14 setbacks is being removed.

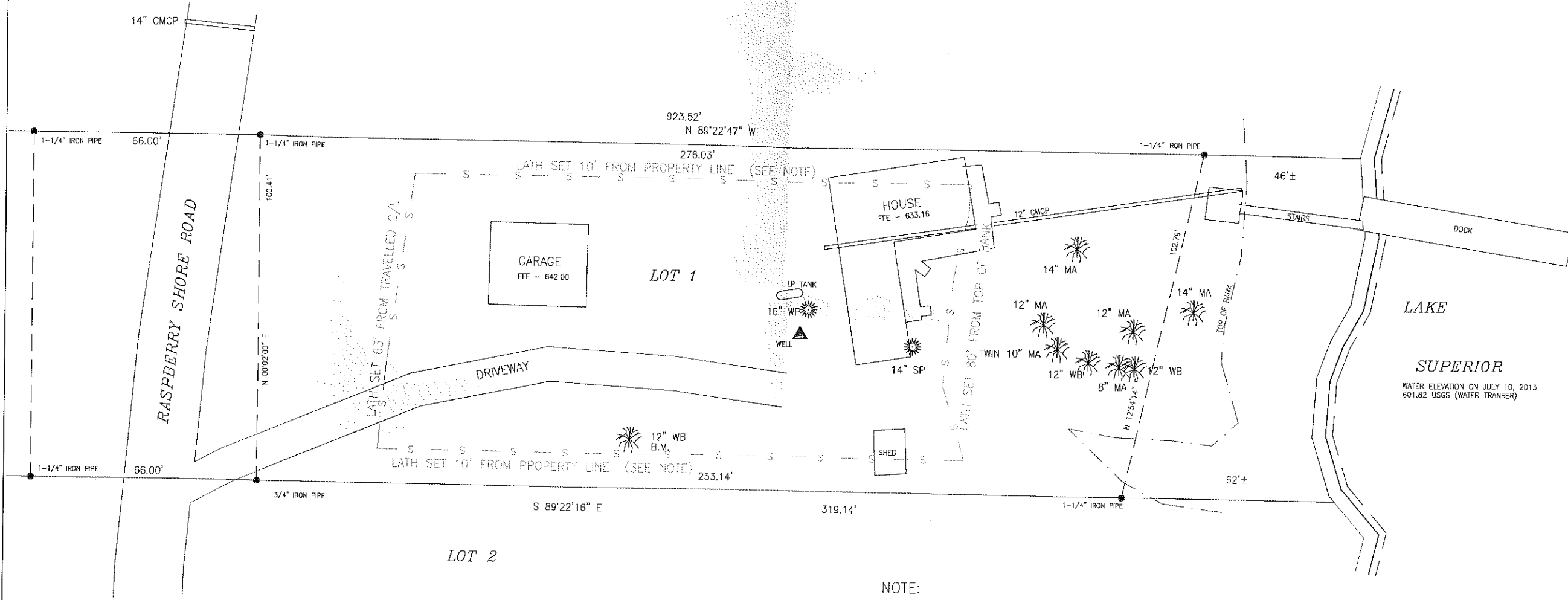
MAP OF SURVEY

A TOPOGRAPHIC SURVEY OF LOT 1 LYING EAST OF RASPBERRY SHORE ROAD IN RASPBERRY BAY SUBDIVISION IN GOVERNMENT LOT 2 OF SECTION 35, T. 52 N., R. 4 W., IN THE TOWN OF RUSSELL, BAYFIELD COUNTY, WISCONSIN

*FYL: Here's a map of the survey + sketched setboles.
(Not printed off to scale)*



BEARINGS ARE BASED ON THE NORTH LINE OF LOT 1 ASSUMED AS N 89°22'47" W

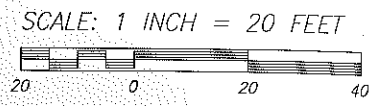


NOTE:
SIDE YARD SETBACK IS 10' MINIMUM FROM A SIDE LOT LINE AND A 40' MINIMUM TOTAL.

BM - 8" SPIKE IN THE NORTH FACE OF A 12" WHITE BIRCH ON THE SOUTH SIDE OF THE DRIVEWAY ELEVATION - 640.52 USGS BASED ON WATER ELEVATION TRANSFER

SURVEYOR'S CERTIFICATE
I, Timothy E. Oksiuta, Registered Land Surveyor in the State of Wisconsin, hereby certify:
That on the order of Cheryl Fosdick, I have made a topographic survey and map of Lot 1 lying east of Raspberry Shore Road, in Raspberry Bay Subdivision, located in Government Lot 2 of Section 35, T. 52 N., R. 4 W., in the Town of Russell, Bayfield County, Wisconsin;
That this map is a true representation of said survey; and
That said survey and map are correct to the best of my knowledge and belief.

Timothy E. Oksiuta RLS #1550



LEGEND
● MONUMENT, AS NOTED, FOUND IN PLACE.

MA - MAPLE
WB - WHITE BIRCH
SP - SPRUCE
WP - WHITE PINE

JOB NO.: N13/099 AND N14/152
SCALE: 1 INCH = 20 FEET
JULY 15, 2013
DECEMBER 4, 2014 SETBACK LINES

DRAFTED BY: T.E.O.
FILE: N/DATA/T52N14W/SEC35/
ACAD/N13099 LINCOLN TOPO REVISED 11-3-14 PSDATA/N11130
NB. 357 PG. 37

CLIENT: CRAIG LINCOLN	
NELSON SURVEYING INCORPORATED	101 W. MAIN STREET SUITE 100 ASHLAND, WISCONSIN 54806 (715) 682-2692 FAX: (715) 682-5100
	SURVEYING YOUR NECK OF THE WOODS SINCE 1954 MAP NO. 4061A ©