

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Required)
 MAR 05 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0011
 Date: 3-10-15
 Amount Paid: \$1805
 Refund: \$1805 3-10-15

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: Russell Decker
 Address of Property: SE NE S OF RR IN V 1079 P. 201 W274
 City/State/Zip: Ashland WI 54804
 Mailing Address: 1205 4th Ave West
 City/State/Zip: Ashland WI 54804
 Telephone: 715/571-8824
 Cell Phone: 715/571-8824

Contractor: Mason WI 54856
 Contractor Phone: Plumber: 54856
 Plumber Phone: Plumber: 54856

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: SE 1/4, NE 1/4
 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-036-2-46-05-33-1 04-000-1 0000
 Volume: Subdivision:
 Section 33, Township 46N, N, Range 05 W
 Town of: Kelly
 Lot Size: Acreage: 23

Distance Structure is from Shoreline: _____ feet
 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
\$ 10,000.00	<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 type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> NA
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Garage			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 12'
 Proposed Construction: Length: 24' Width: 24' Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <i>PHRYGIANE</i>	(24 X 24)	576
	Residence (i.e. cabin, hunting shack, etc.)	() ()	
	with Loft	() ()	
	with a Porch	() ()	
	with (2 nd) Porch	() ()	
	with a Deck	() ()	
	with (2 nd) Deck	() ()	
<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)	() ()	
	Mobile Home (manufactured date)	() ()	
	Addition/Alteration (specify)	() ()	
	Accessory Building (specify)	() ()	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	() ()	
	Special Use: (explain)	() ()	
	Conditional Use: (explain)	() ()	
	Other: (explain) <i>Garage</i>	() ()	

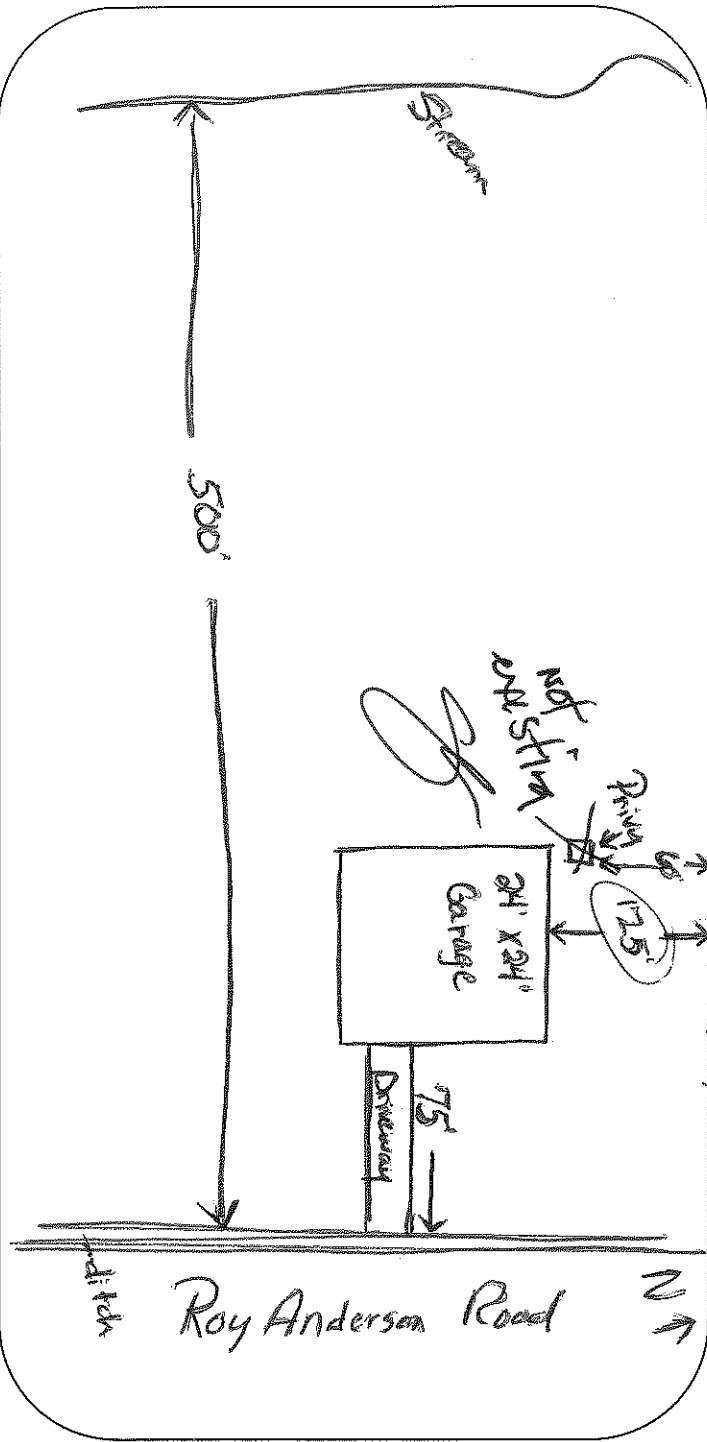
Rec'd for Issuance
 MAR 12 2015

Signatures: Russell Decker, Jennifer Decker
 Date: 3/4/2015

Address to send permit: _____
 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)

- (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	90 Feet	Setback from the Lake (Ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	75 Feet	Setback from the River, Stream, Creek	400 Feet
Setback from the North Lot Line	125 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	400 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	75 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	60 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:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0041		Permit Date:	pen owner 3-12-15		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previous/Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by: J. CROSBY, MURPHY			
Inspection Record: Property owner originally requested an app for a cabin + privy. Applied for a garage. It will install a privy in future. He was told he would be called if any human hab. was added.		Zoning District: A2-1		Date of Re-Inspection:	
Date of Inspection: 3-11-15		Inspected by: J. CROSBY, MURPHY		Date of Approval: 3-12-15	
Conditions/Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)		Builder shall not be used for human habitation. No water under pressure or indoor plumbing fixtures allowed unless code compliant parts applied for, permitted, & installed.			
Signature of Inspector:		Date of Approval: 3-12-15			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	