

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

Date Stamp (Received)
 MAY 22 2013



Permit #:	15-0049
Date:	3-23-15
Amount Paid:	425.00
Refund:	11-22-13

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: BONNIE MICHAEL KIRS Mailing Address: 1604 GARFIELD AVE SUPERIOR, WI 54880 Telephone: _____
 Address of Property: 36750 Co Hwy J City/State/Zip: _____ Cell Phone: _____
 Contractor: _____ 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: SW 1/4, SW 1/4 Legal Description: (Use Tax Statement) 04-00-2504014030001000 PIN: (23 digits) _____
 Gov't Lot _____ Lot(s) CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____
 Section 01, Township 50 N, Range 04 W Town of: BAYFIELD Lot Size _____ Acreage 14.74

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 (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>50,000</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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>MOUND</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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<u>FACT WORKER</u>					
	<u>MOBILE HOME</u>					

Existing Structure: (if permit being applied for is relevant to it) Length: 10 Width: 45 Height: 14 FT
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	() () () () () () () ()	() () () () () () () ()
<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)	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u>10-1-15</u>	()	<u>452</u>
	Addition/Alteration (specify) _____	()	()
	Accessory Building (specify) _____	()	()
	Accessory Building Addition/Alteration (specify) _____	()	()
	Rec'd for Issuance		
	<u>MAR 23 2015</u>		
	Special Use: (explain) <u>A - PARK MODEL RV</u>	()	<u>452</u>
	Conditional Use: (explain) _____	()	()
	Other: (explain) _____	()	()

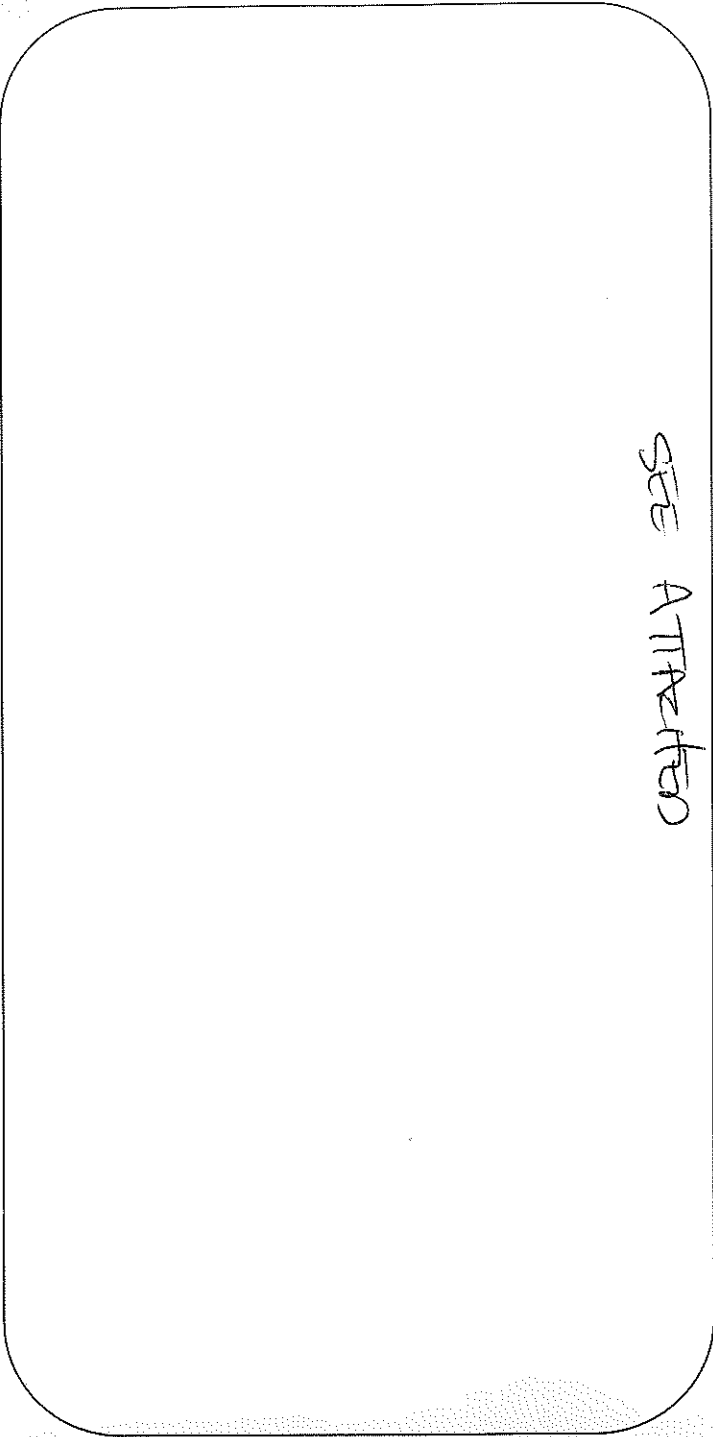
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Thomas C Koff Bonnie M Koff Date 11-22-13
 (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) Attach
 Address to send permit _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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



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	160' ±	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	230	Setback from Wetland	Feet
Setback from the West Lot Line	1600	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	1800	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	7-30	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	not installed		not installed

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: 14-985 # of bedrooms: 2 Sanitary Date: 10-16-14

Permit Denied (Date): Reason for Denial: sold 107-13

Permit #: 15-0049 Permit Date: 3-23-15

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes No

Is Structure Non-Conforming Yes No

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

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: wanted to get sanitary approval in R.U. not for about a year now would use R.U. not a new permit

Date of Inspection: 12-2-13 Inspected by: JAMES BERG & WILLY

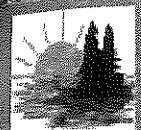
Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

Signature of Inspector: *Conrady*

Hold For Sanitary: Hold For Fees: Hold For Affidavit: Hold For Taxes: Date of Approval: 1-2-14

no relation/alteration info necessary permit from

Quick Zoom: Bayfield



Bayfield County Zoning

X: 836264.32, Y: 548249.00 Current Action: Move Map



Parcel Search

STATE: MN

KING

MAIL ADDRESS: 1604 GARFIELD AVE

ZIP: 54880

CITY: SUPERIOR

FIRST NAME: BONNIE M & MICHAEL C

PIN NUMBER: 04-006-2-50-04-01-4 03-000-11000

STATE: WI

Draw/Measure

Circle Line Polyline Polygon Area Measure

Fill Stroke

1

KING

MAIL ADDRESS: 1604 GARFIELD AVE

ZIP: 54880

CITY: SUPERIOR

FIRST NAME: BONNIE M & MICHAEL C

PIN NUMBER: 04-006-2-50-04-01-4 03-000-11000

STATE: WI

04-006-2-50-04-01-4 03-000-20000

04-006-2-50-04-01-4 04-000-12000

04-006-2-50-04-01-4 03-000-12000

04-006-2-50-04-12-1 02-000-10000

COUNTY HWY 7

100m

500ft

Current theme: zoning

APOSTLE BAY RD