

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

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.

Class A **\$175**

APPLICATION FOR PERMIT
 BAYFIELD COUNTY WISCONSIN

Date Stamp (Received)
 FEB 12 2015

Bayfield Co. Zoning Dept.

Permit #: **15-00562**
 Entered Date: **3-26-15**
 Amount Paid: **\$175 3-26-15**

Refund: _____

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

Owner's Name: **LaTrick & Amanda Trautt** Mailing Address: **10775 Scenic Dr Iron River, WI** Telephone: **715 372-4009**

Address of Property: **same** City/State/Zip: **685-1009** Cell Phone: **218 391-2480**

Contractor: **Ken Paulsen** 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, NE 1/4** Legal Description: (Use Tax Statement) _____ PIN: (23 digits) **03-000-19000** Recorded Document (i.e. Property Ownership) Volume: **1128** Page(s): **556**

Gov't Lot: **2** CSM: **555** Vol & Page: **4, 11** Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section **3**, Township **46** N, Range **8** W Town of: **Delta** Lot Size: _____ Acreage: **1.21**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →

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

Distance Structure is from Shoreline: **10** feet 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
\$3,000	<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"/> Retaining walls	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or 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

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

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/>	with Loft	()	()
<input type="checkbox"/>	with a Porch	()	()
<input type="checkbox"/>	with (2 nd) Porch	()	()
<input type="checkbox"/>	with a Deck	()	()
<input type="checkbox"/>	with (2 nd) Deck	()	()
<input type="checkbox"/>	with Attached Garage	()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/>	Mobile Home (manufactured date) _____	()	()
<input type="checkbox"/>	Addition/Alteration (specify) _____	()	()
<input type="checkbox"/>	Accessory Building (specify) _____	()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	()	()
Rec'd for Issuance	<input checked="" type="checkbox"/> Special Use: (explain) Shoreland Grading Erosion Control	(1 x 381)	38
MAR 26 2015	<input type="checkbox"/> Conditional Use: (explain) Central Replace RR Ties/Retaining walls	(1 x 381)	38
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	(1 x 201)	20

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 dealing with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Amanda Trautt** Date: **Feb 8-2015**

(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: **same as above** Attach _____

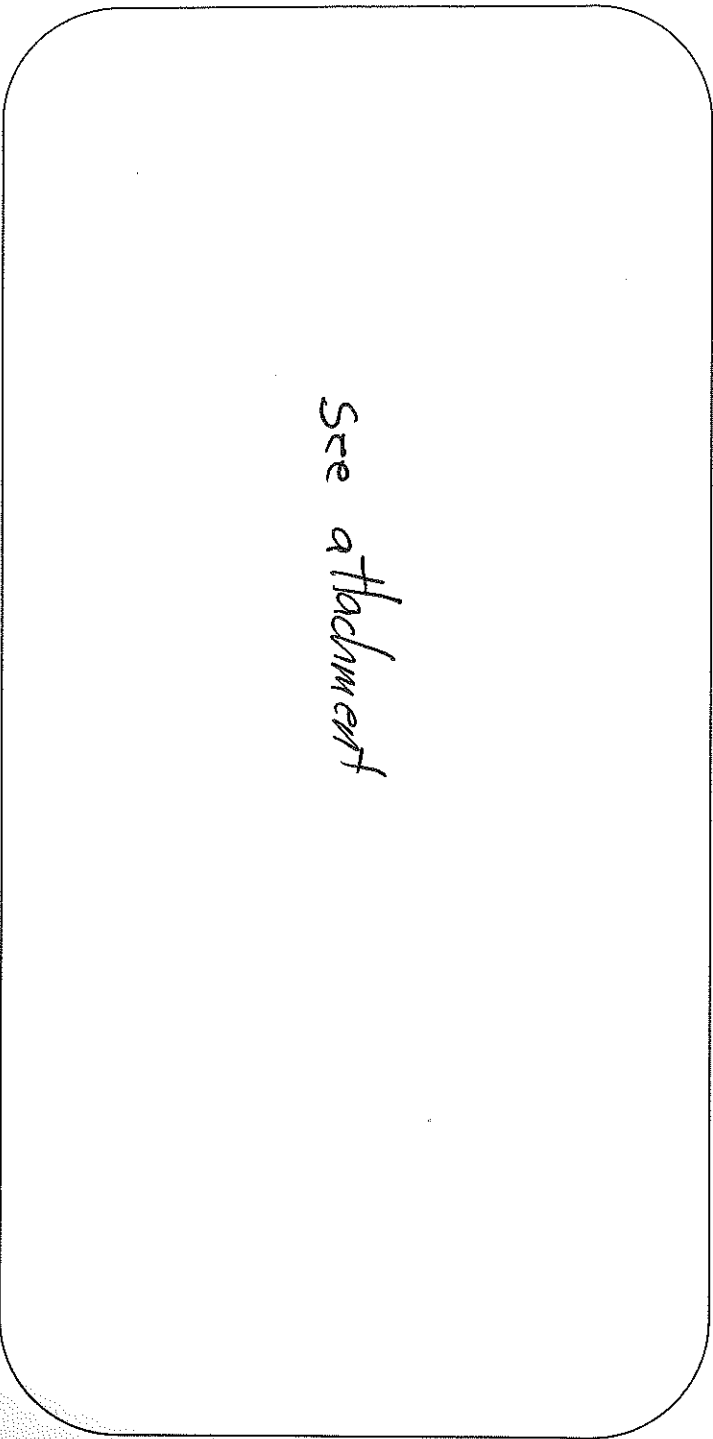
Copy of Tax Statement _____

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%

See Attachment



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

- (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:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 150058	Permit Date: 3-26-15			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input checked="" type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Deed of Record <input checked="" type="checkbox"/> Fused/contiguous Lot(s)	<input type="checkbox"/> Mitigation Required <input checked="" type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input checked="" 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 checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>Meet all requirements</i>	Date of Inspection: 2-26-15	Inspected by: M. Fuchs	Zoning District: (R1B) Lakes Classification: (1)	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.) <i>Must use best management practices to prevent erosion and/or siltation of the lake or attached wetlands.</i>				
Signature of Inspector: Michael Fuchs	Date of Approval: 3-25-15			
<input type="checkbox"/> Hold For Sanitary:	<input type="checkbox"/> Hold For TBA:	<input type="checkbox"/> Hold For Affidavit:	<input type="checkbox"/> Hold For Fees:	<input type="checkbox"/>

Garage

Concrete Landing

Home

Steep Grade

Stair case Down To Beach

3 Ft High Retaining wall

2 Ft High Retaining wall

4 Ft High retaining wall

1-Ft wall Around Tree at top of 3' wall

3 Ft Retaining wall

oak oak

oak oak

oak

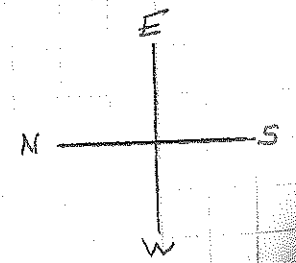
oak

Pine

Lake Shore

Eagle Lake

Reproductive Signature: Wm J. [Signature] 2-8-15



Each Sq. = 2 Feet
All Trees will