

SUBMITT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

ENTERED
 MAR 30 2015
 Bayfield Co Zoning Dept.

| | |
|--------------|-----------|
| Permit #: | 15-00000 |
| Date: | 4-9-15 |
| Amount Paid: | \$7549-15 |
| Refund: | |

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: Peter Probst
 Address of Property: 32440 Pecay RD
 City/State/Zip: Washburn, WI
 Contractor: Peter Johnson
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Mailing Address: 1630 N. Hartwell
 City/State/Zip: Washburn, WI
 Contractor phone: 715 395 5705
 Plumber:
 Agent Phone:
 Agent Mailing Address (include City/State/Zip):
 PIN: (23 digits) 04-00824904291001000
 Lot(s) No. 1703-32
 Block(s) No.
 Subdivision: A.A. Bigelow & Co
 Volume _____ Page(s) _____
 Recorded Document: (i.e. Property Ownership)
 Section 24, Township 49 N, Range 4 W
 Town of: Bayview
 Lot Size _____ Acreage 27.09

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interim)?
 Creek or Landward side of Floodplain?
 Is Property/Land within 1000 feet of Lake, Pond or Flowage?
 If Yes---continue -->
 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 |
|--|----------------------------|------------------------------|------------|---------------|--|-------|
| \$19000 | New Construction | 1-Story | Seasonal | 1 | Municipal/City | City |
| | Addition/Alteration | 1-Story + Loft | Year Round | 2 | (New) Sanitary | Well |
| | Conversion | 2-Story | | 3 | Sanitary (Exists) Specify Type: <u>sewer</u> | |
| | Relocate (existing bldg) | Basement | | | Privy (pit) or Vaulted (min 200 gallon) | |
| | Run a Business on Property | No Basement | | | Portable (w/service contract) | |
| | | Foundation | | | Compost Toilet | |
| | | | | | None | |

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 26' Height: 20'
 Proposed Construction: Length: _____ Width: _____ Height: _____

| 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 () | |
| | with Attached Garage | () X () | |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) | () X () | |
| | Mobile Home (manufactured date) | () X () | |
| | Addition/Alteration (specify) | () X () | |
| <input checked="" type="checkbox"/> Municipal Use | Accessory Building (specify) <u>SEWER STATION</u> | (40 X 26) | 10,400 |
| | Accessory Building Addition/Alteration (specify) | () X () | |
| | Special Use: (explain) | () X () | |
| | Conditional Use: (explain) | () X () | |
| | Other: (explain) | () X () | |

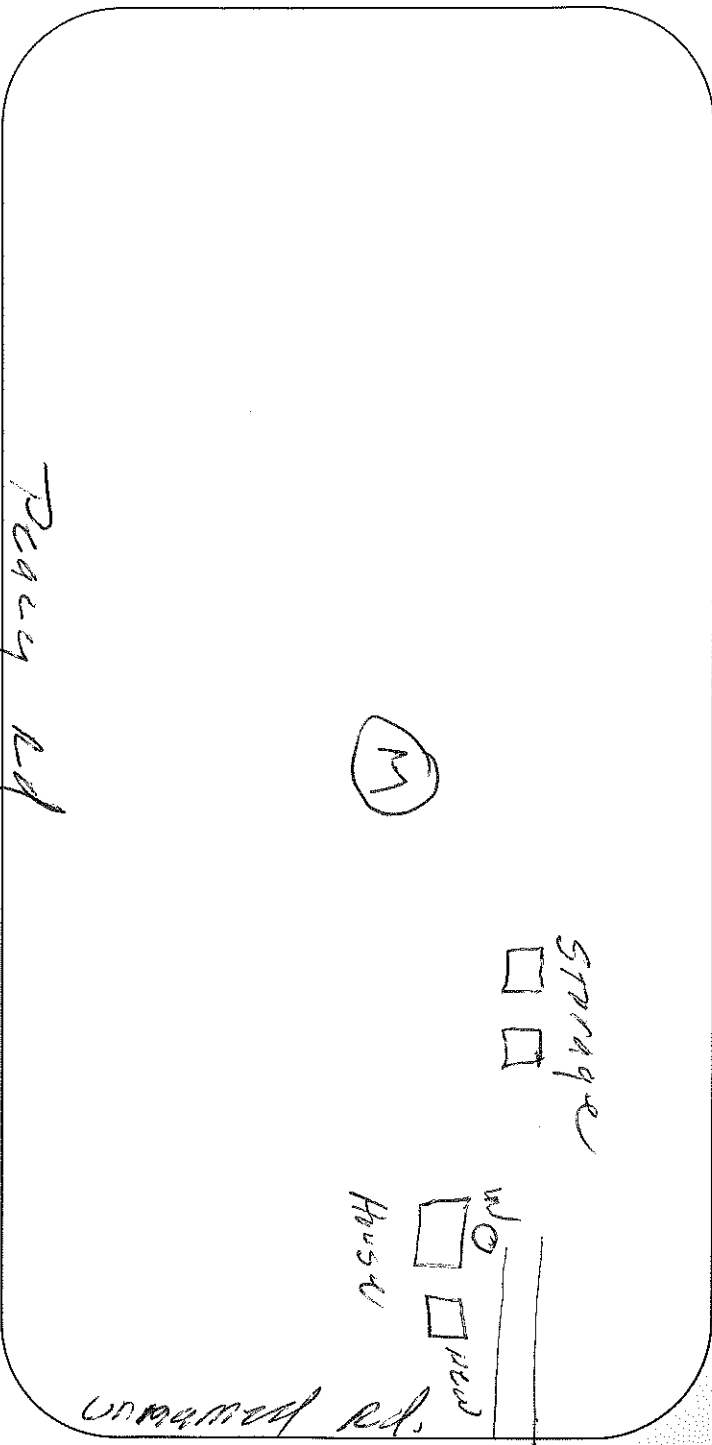
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the truth 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 my (our) failure to provide accurate information. I (we) am (are) providing my (our) 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): [Signature] Date 3/30/15
 (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 1130 N. Hartwell Dr. Ladingson, WI 54943 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box 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%



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 | 105 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 105 (M) Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 102 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 550 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 438 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | RIP Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 240 Feet | Setback to Well | 49 Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | 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: 298028 | # of bedrooms: (MOUND) | Sanitary Date: | | | |
| Permit Denied (Date): | Reason for Denial: | | | | | | |
| Permit #: 15-00160 | Permit Date: 4-9-15 | | | | | | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is (Deed of Record) Is (Fused/contiguous lots) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) Case #: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) Case #: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Was Parcel Legally Created Was Proposed Building Site Delineated | <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 | | | | |
| Inspection Record: Date of Inspection: 4-9-15 | Rite well staked. measured with | | Zoning District: (A-1) | Lakes Classification: (N/A) | | | |
| Condition(s): Date of Inspection: 4-9-15 | Inspected by: [Signature] | | Date of Re-Inspection: | | | | |
| Condition(s): Date of Inspection: 4-9-15 | Inspected by: [Signature] | | Date of Re-Inspection: | | | | |
| Signature of Inspector: [Signature] | Date of Approval: 4-8-15 | | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | | |

Building structure not BE USED FOR HUMAN HABITATION