

STATEMENT - 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  
**RECEIVED**  
 APR 06 2015  
 Bayfield Co. Zoning Dept.

**ENTERED**

Permit #:	15-0064
Date:	4.9.15
Amount Paid:	\$2500.00
Refund:	4.9.15

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Windy Acres Farm Mailing Address: 25285 Hwy 118 Ashland WI 54806 City/State/Zip: Ashland WI 54806 Telephone: 715-716-2823

Address of Property: 25285 Hwy 118 City/State/Zip: Ashland WI 54806 Contractor Phone: 715-278-3400 Plumber: N/A Cell Phone: 715-209-1572

Contractor: Cedar Brook Construction Authorized Agent: (Person Signing Application on behalf of Owner(s)) John Diller Agent Phone: 715-278-3400 Agent Mailing Address (include City/State/Zip): N/A Plumber Phone: N/A

PROJECT LOCATION: NE 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04-026246050620100010000 PIN: (23 digits) 026246050620100010000 Recorded Document: (i.e. Property Ownership) Volume \_\_\_\_\_ Page(s) \_\_\_\_\_

Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ GSI \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 6, Township 46 N, Range 5 W Town of: Kelly Lot Size \_\_\_\_\_ Acreage 62.62

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet  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
\$105,000	<input checked="" 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"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" 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>Building</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: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
<input type="checkbox"/> Residential Use	with Loft	( ) X ( )	
<input type="checkbox"/> Residential Use	with a Porch	( ) X ( )	
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input type="checkbox"/> Residential Use	with a Deck	( ) X ( )	
<input type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Residential Use	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Residential Use	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( ) X ( )	
<input type="checkbox"/> Residential Use	Mobile Home (manufactured date) _____	( ) X ( )	
<input type="checkbox"/> Residential Use	Addition/Alteration (specify) _____	( ) X ( )	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(152 X 60)	9120
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	Special Use: (explain) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	Conditional Use: (explain) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	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 at any reasonable time for the purpose of inspection.

Owner(s): John Diller Date 4-2-15

(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 \_\_\_\_\_ Attach \_\_\_\_\_

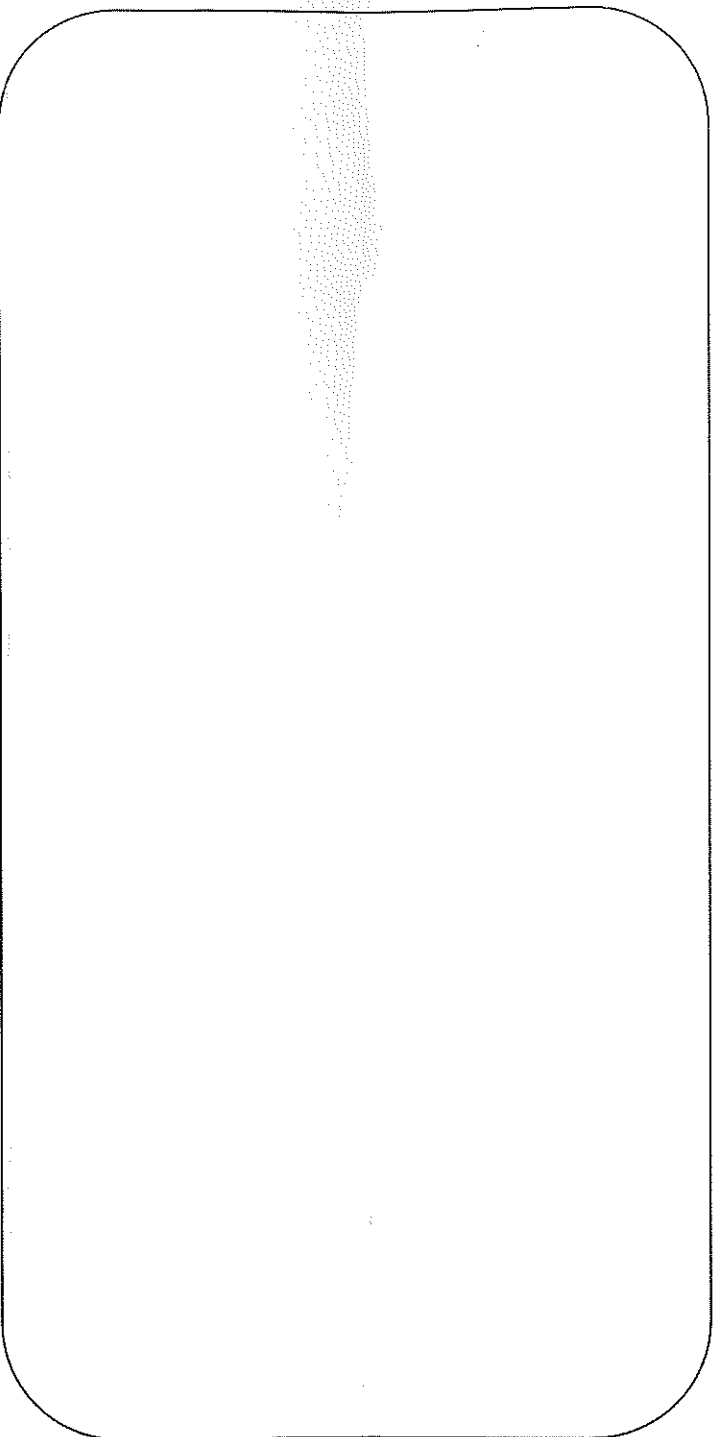
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Copy of Tax Statement \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed

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) *(See original)*

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	446 Feet	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	452 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1370 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	472 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	538 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200' Feet	Setback to Well	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 Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>15000604</u>	Permit Date: <u>4-9-15</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: <u>wanted for signature on original app. Never rec'd. new app. sent out. fee = 269.9 due to cost of bldg. return 12.25.00 check.</u>		Zoning District: <u>AR-1</u> Lakes Classification: <u>N/A</u>		Date of Re-Inspection:
Date of Inspection: <u>7/2014</u>		Inspected by:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Signature of Inspector: <u>[Signature]</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For IDA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>4-8-15</u>

*Buildings shall not be used for human habitation.*

