

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 APR 01 2015
 Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|-------------|
| Permit #: | 15-000710 |
| Date: | 4-20-15 |
| Amount Paid: | \$18,400-15 |
| 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: Mark Pazz Mailing Address: 22710 Elm City/State/Zip: Granucopia WI Telephone: 715-742-3272

Address of Property: 22710 Elm ST City/State/Zip: Granucopia WI 54887 Cell Phone: 218-235-3922

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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page 16-18 Lot(s) No. 1 Block(s) No. _____ Subdivision: W. Hager of Granucopia Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 34, Township SW 1/4 N, Range 26 W Town of: Bell Lot Size _____ Acreage _____

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) _____ feet
 Creek or Landward side of Floodplain? Yes No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage _____ feet
 If Yes—continue No

Non-Shoreland 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 |
|--|--|--|---|---|--|---|
| \$ <u>10,000</u> | <input checked="" type="checkbox"/> New Construction <input checked="" 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"/> 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 checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input 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 checked="" type="checkbox"/> City <input type="checkbox"/> Well |
| | <input type="checkbox"/> Remove | | | | | |

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 28 Height: 22-4
 Proposed Construction: Length: 14 Width: 24 Height: 8

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|------------------------------|---------------------------|----------------|
| <input type="checkbox"/> Principal Structure (first structure on property) | | () X () | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | () X () | |
| <input type="checkbox"/> with Loft | | () X () | |
| <input type="checkbox"/> with a Porch | | () X () | |
| <input type="checkbox"/> with (2 nd) Deck | | () X () | |
| <input type="checkbox"/> with a Deck | | () X () | |
| <input type="checkbox"/> with (2 nd) Deck with Attached Garage | | () X () | |
| <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | | () X () | |
| <input type="checkbox"/> Mobile Home (manufactured date) | | () X () | |
| <input checked="" type="checkbox"/> Addition/Alteration (specify) <u>fcc ROOM</u> | | (<u>14</u> X <u>20</u>) | <u>336 SF</u> |
| <input type="checkbox"/> Accessory Building (specify) _____ | | () X () | |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ | | () X () | |
| <input type="checkbox"/> Rec'd for Issuance | Special Use: (explain) _____ | () X () | |
| <input type="checkbox"/> Conditional Use: (explain) _____ | | () X () | |
| <input type="checkbox"/> Other: (explain) _____ | | () X () | |

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any supporting 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): _____ Date 4-1-15
 (If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)

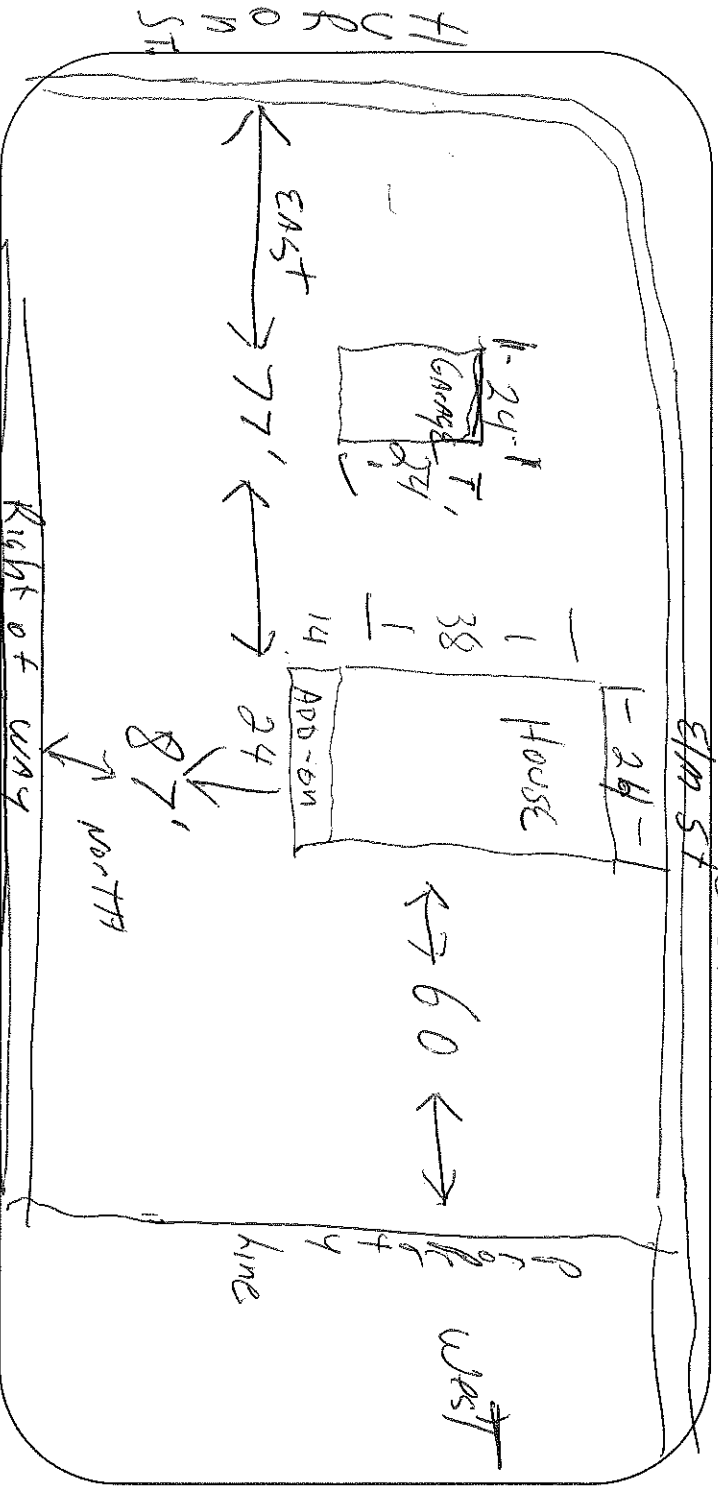
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look 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)

(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 | Feet | Setback from the Lake (Ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 24 Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | 87 Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 30 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 60 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 77 Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | 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 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: | Sanitary Date: | | |
| Permit Denied (Date): | | Reason for Denial: | N/A | | |
| Permit #: 15-0076 | Permit Date: 4-20-15 | | | | |
| <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 Lots) <input checked="" type="checkbox"/> No <input checked="" 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"/> Affidavit Required <input 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 type="checkbox"/> No | | Case #: | Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: | Owner present to represent property (and) + proper verbal OK to start construction (and) existing zoning classification (R-1) N/A | | | | Zoning District Classification (N/A) |
| Date of Inspection: 4-17-15 | Inspected by: J. CLARK B. O'NEILL | Date of Re-Inspection: | N/A | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) | | | | | |
| No condition | | | | | |
| Signature of Inspector: | [Signature] | | | | Date of Approval: 4-17-15 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For B.A.: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | |

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 BAYFIELD COUNTY, WISCONSIN
 Date of Issuance (Month/Day/Year)
 APR 01 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 150007
 Date: 4-20-15
 Amount Paid: \$485 4005
 Refund:

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

Owner's Name: MARK POZZI Mailing Address: 22710 Elm St Cornucopia WI Telephone: 915-742 3272
 Address of Property: None (no address yet) City/State/Zip: Cornucopia WI Cell Phone: 918-235-3922
 Contractor: None Contractor Phone: Plumber: _____ Plumber Phone: Plumber: _____

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 Legal Description: (Use Tax Statement) 1/4, _____ 1/4 PIN: (23 digits) 04-010 25106 341 00 309 052 00 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
 Gov't Lot _____ Lot(s) _____ GSM _____ Vol & Page _____ Lot(s) No. 19 & 20 Block(s) No. 9 Subdivision: Willage of Cornucopia
 Section 34, Township S1 N, Range 6 W Town of: Bell Lot Size _____ Acreage .45

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
 Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage _____ If Yes—continue → Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material: \$6,750.00

| Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|---|--|--|--|--------------------------------|
| <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" 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"/> _____ |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 24 Height: 8'
 Proposed Construction: Length: _____ Width: _____ Height: _____

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) <u>Garage</u> | (<u>24</u> x <u>36</u>) | <u>864</u> |
| <input type="checkbox"/> Commercial Use | Residence (i.e. cabin, hunting shack, etc.) | () () | () |
| <input type="checkbox"/> Municipal Use | with Loft | () () | () |
| | with a Porch | () () | () |
| | with (2 nd) Deck | () () | () |
| | with a Deck | () () | () |
| | with (2 nd) Deck with Attached Garage | () () | () |
| | Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities) | () () | () |
| | Mobile Home (manufactured date) _____ | () () | () |
| | Addition/Alteration (specify) _____ | () () | () |
| | Accessory Building (specify) _____ | () () | () |
| | Accessory Building Addition/Alteration (specify) _____ | () () | () |
| | Special Use: (explain) _____ | () () | () |
| | Conditional Use: (explain) _____ | () () | () |
| | Other: (explain) _____ | () () | () |

REC'D FOR ISSUANCE APR 20 2015
 Secretarial Staff

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Owner(s): [Signature] Date: 4-1-15
 (If there are Multiple Owners listed on the deed all owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date: _____
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Address to send permit _____ Attach _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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