

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)
 APR 09 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-00882
Date:	4-20-15
Amount Paid:	\$75 4.30-15
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 → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Bard W & Marie J Carlson</u>	Mailing Address: <u>30310 Woodland Rd Steiland WI 54826</u>	
Address of Property: <u>S 21 W E</u>	City/State/Zip: <u>Sakshe</u>	
Contractor: <u>Kevin D Peterson</u>	Contractor Phone: _____ Plumber: _____	
Authorized Agent: _____ (Person Signing Application on Behalf of Owner(s))	Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____	
PROJECT LOCATION <u>SE 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>402024905-25-304</u> <u>04-267-10 15848 2000</u>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
		Subdivision: _____
Section <u>25</u> , Township <u>47</u> N, Range <u>05</u> W	Town of: <u>Elmer</u>	Lot Size _____ Acreage <u>2.00</u>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →	Distance Structure is from Shoreline: _____ feet
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

not at site of construction

Value at Time of Completion * include donated time & material <u>\$ 550-</u>	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"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>Private</u>	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Private</u>	<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 type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		<input type="checkbox"/>

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)	(X)	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	()
<input type="checkbox"/>	with Loft	(X)	()
<input checked="" type="checkbox"/> Residential Use	with a Porch	(X)	()
<input type="checkbox"/>	with (2 nd) Porch	(X)	()
<input type="checkbox"/>	with a Deck	(X)	()
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	(X)	()
<input type="checkbox"/>	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>DECK</u>	(6 X 8)	(48)
<input type="checkbox"/>	Accessory Building (specify)	(X)	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	()
<input type="checkbox"/>	Special Use: (explain)	(X)	()
<input type="checkbox"/>	Conditional Use: (explain)	(X)	()
<input type="checkbox"/>	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.

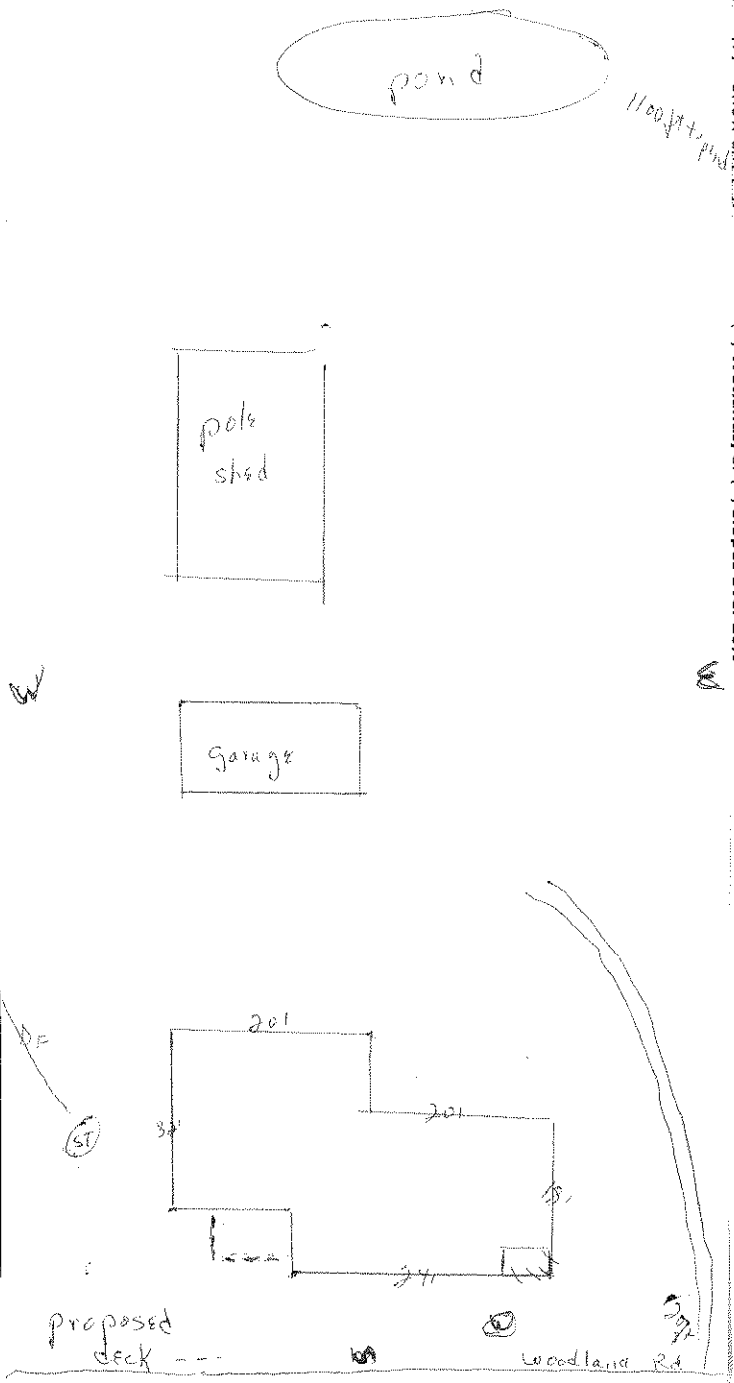
Owner(s) Bard W & Marie J Carlson Marie J Carlson Date 4-8-15
 (If there are Multiple Owners listed on the Deed All Owners must sign or legals) of authorization must accompany this application)

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 30310 Woodland Rd Ashland WI 54826 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	143 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	117.5 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	110.5 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	189.5 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	46.2 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	8 Feet	Setback to Well	20 Feet
Setback to Drain Field	8.9 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.

42160 02P
 2/17/12 SW

Issuance Information (County Use Only) Sanitary Number: 10-835 # of bedrooms: 3 Sanitary Date: 8-12-10

Permit Denied (Date): Reason for Denial: 3 for missing maps

Permit #: 15-0088 Permit Date: 4-20-15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (Fused/Contiguous Lots) Yes No No

Is Parcel in Common Ownership Yes No (Fused/Contiguous Lots) Yes No No

Is Structure Non-Conforming Yes No No

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

Was Parcel Legally Created Yes No Yes No No No No

Was Proposed Building Site Delineated Yes No Yes No No No No

Inspection Record: OWNER ON SITE TO REPRESENT PROJECT

Date of Inspection: 4-17-15 Inspected by: J. MORAN - MUPHS

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)

DECK SITING NOT BE ENCLOSED WHO NECESSARY PERMIT (S).

Signature of Inspector: [Signature] Date of Approval: 4-20-15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Hold For Ponds: