

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 APR 1 0 2015  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #: 150883  
 Date: 4-20-15  
 Amount Paid: \$175  
 Return: 4-20-15

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.  
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

Owner's Name: Craig T. & Sharon K. Locey  
 Address of Property: 38085 Ragueart Road  
 City/State/Zip: Bayfield, WI, 54814  
 Telephone: 715-778-5157  
 Cell Phone:

Contractor: N/A  
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A  
 Contractor Phone: N/A  
 Agent Phone: N/A  
 Plumber: N/A  
 Agent Mailing Address (include City/State/Zip): N/A  
 Written Authorization Attached:  Yes  No

PROJECT LOCATION: NE 1/4, NW 1/4  
 Gov't Lot: 1  
 Lot(s): 6A1  
 CSM: Vol & Page: 157-158000000 No.  
 PIN: (23 digits) 04 046-2-51-03-29-2.00  
 Subdivision: Cliff Pointe  
 Section: 29, Township: S1 N, Range: 3 W, Town of: Russell  
 Lot Size: \_\_\_\_\_  
 Acreage: 4.5

Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Distance Structure is from Shoreline: 85 feet  
 Is Property in Floodplain Zone?  Yes  No  
 Are Wetlands Present?  Yes  No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ N/A	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" 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 checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding <input type="checkbox"/> Privy (Pit) or Vaulted (min 100 gal) <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: NA Width: NA Height: NA  
 Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
<input type="checkbox"/> Municipal Use	with Loft	( ) ( )	( )
	with a Porch	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with a Deck	( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	with Attached Garage	( ) ( )	( )
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( )	( )
	Addition/Alteration (specify)	( ) ( )	( )
	Accessory Building (specify)	( ) ( )	( )
	Accessory Building Addition/Alteration (specify)	( ) ( )	( )
	Rec'd for Issuance	( ) ( )	( )
	Special Use: (explain) Sport Term Rental	( ) ( )	( )
	Conditional Use: (explain)	( ) ( )	( )
	Other: (explain)	( ) ( )	( )

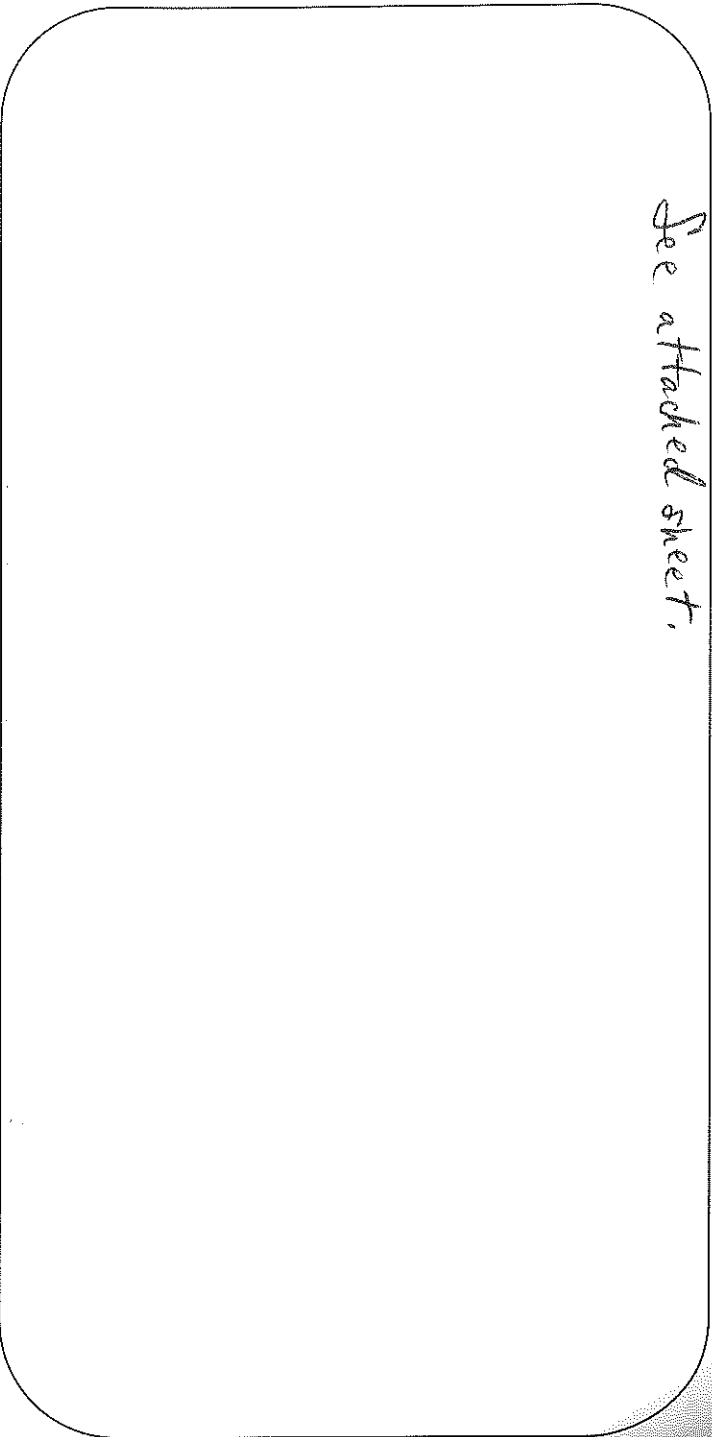
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): Craig T. Locey & Sharon K. Locey Date: 4/7/15  
 (If there are Multiple Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: CRAIG LOCEY OWNER WILL PICK UP PERMIT  
 Address to send permit: PO Box 1807 Bayfield, WI 54814  
 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)

- 2) 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 attached sheet,



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	N/A Feet	Setback from the Lake (ordinary high-water mark)	85 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	300+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	82 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	300+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	85 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tanker Holding Tank	57 Feet	Setback to Well	191 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.

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: 149797 # of bedrooms: 4 Sanitary Date: 2/20/15 (x2, 1000g tank)

Permit Denied (Date): Reason for Denial: EHLIS# 2624 2000g (x2, 1000g tank)

Permit #: 15-00883 Permit Date: 4-20-15

Is Parcel a Sub-Standard Lot:  Yes (Deed of Record)  No

Is Parcel in Common Ownership:  Yes (Fused/Contiguous Lot(s))  No

Is Structure Non-Conforming:  Yes  No

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

Was Parcel Legally Created:  Yes  No Were Property Lines Represented by Owner:  Yes  No

Was Proposed Building Site Delineated:  Yes  No Was Property Surveyed:  Yes  No

Inspection Record:

Date of Inspection: 4-14-15 Inspected by: J. Brown, B. Borek - Murphy

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

Health Department license shall be obtained on an annual basis. Use as a short term rental shall not be a cause of nuisance to neighboring permitted uses

Signature of Inspector: [Signature]

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:  Date of Approval: 4-20-15