

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  
 RECEIVED  
 MAR 23 2015  
 Bayfield Co. Zoning Dept.

Permit #: 150100  
 Date: 4-30-15  
 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 →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Jeff & Ellen Bergmann  
 Address of Property: 15920 West Van Lap Rd.  
 Contractor: Bergmann Electric  
 Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Mailing Address: 750 North Sankiel  
 City/State/Zip: Delta WI 54856  
 Contractor Phone: 608-889-7454  
 Agent Phone:  
 Plumber: 54856  
 Agent Mailing Address (include City/State/Zip):  
 Telephone: 53559  
 Call Phone: 608-889-7454  
 Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 1 CSM 1330 Vol & Page 7,336 Lot(s) No. Block(s) No. Subdivision:  
 Section 33 Township 46 N Range 7 W Town of: Delta.  
 PIN: (23 digits) 04 010 2-46-07-33-1 00-23  
 Recorded Document: (i.e. Property Ownership) Volume 773 Page(s) 130  
 Lot Size: 4.930 Acreage

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?  If yes---continue →  
 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: 300 + feet  
 Non-Shoreland

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
\$ 41000	<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"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input 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>Ceiling</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"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 26 Height: 9  
 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( )	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( )	
<input type="checkbox"/> with Loft		( )	
<input type="checkbox"/> with a Porch		( )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck		( )	
<input type="checkbox"/> with Attached Garage		( )	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( )	
<input type="checkbox"/> Addition/Alteration (specify)		( )	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>HUX Deck 9 Garage</u>		( 40 X 26 )	1040
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( )	
<input type="checkbox"/> Rec'd for Issuance		( )	
<input type="checkbox"/> Special Use: (explain)		( )	
<input type="checkbox"/> Conditional Use: (explain)		( )	
<input type="checkbox"/> 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.

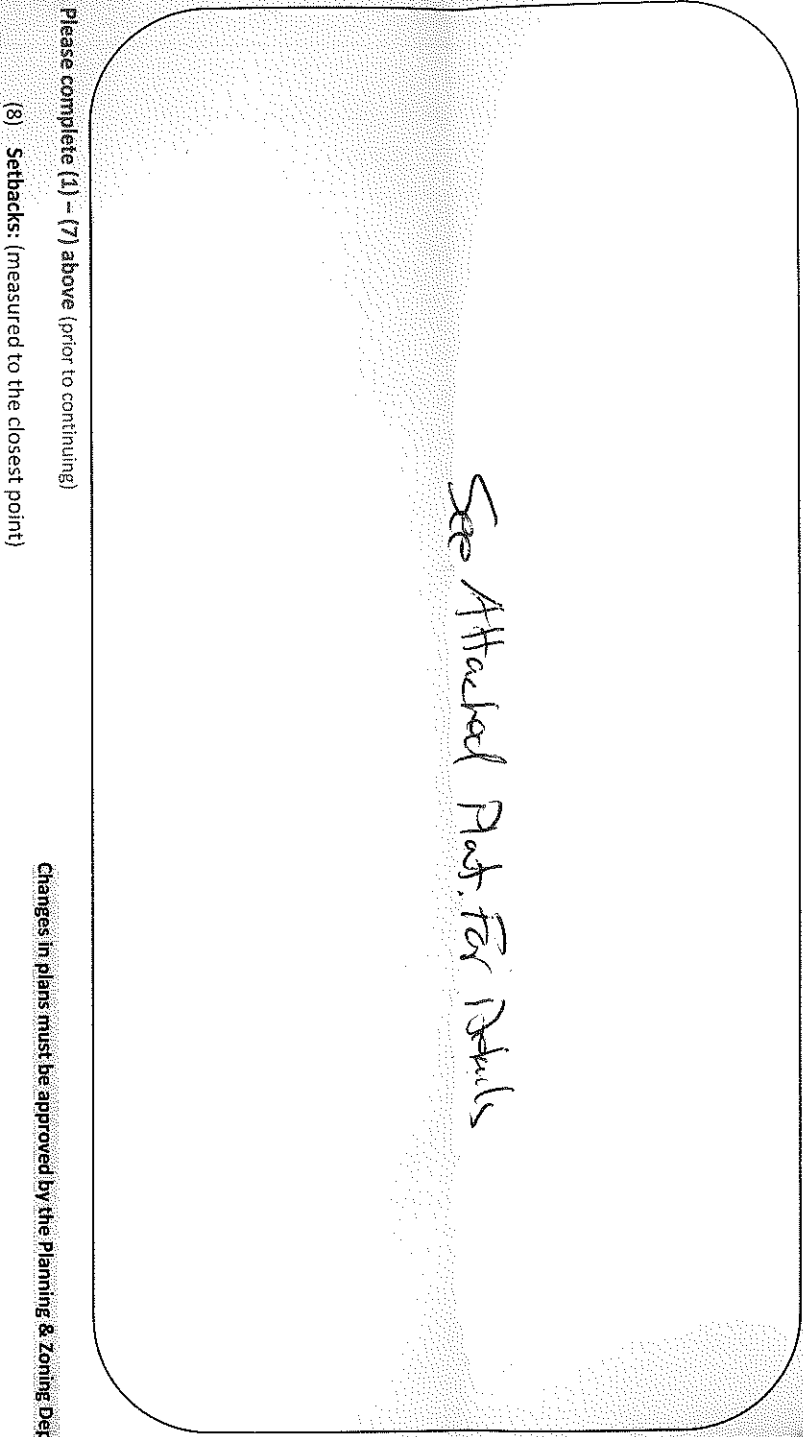
Owner(s): Jeff & Ellen Bergmann Date: 3/16/15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: SGM & AS above  
 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)

- (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%

See Attached Plat. For Details



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	140+	Setback from the Lake (ordinary high-water mark)	300+
Setback from the Established Right-of-Way	130+	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	200+	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	20	Setback from Wetland	N/A
Setback from the West Lot Line	N/A	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Lake	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	200+	Setback to Well	150+
Setback to Drain Field	200+		
Setback to Privy (Portable, Composting)	N/A		

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: <b>15-0100</b>	Permit Date: <b>4-30-15</b>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Used/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	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 Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:	<b>Will stake. Mistake setbacks.</b>				
Date of Inspection: <b>4-29-15</b>	Inspected by: <b>M. Futala</b>	Zoning District: <b>(R-1)</b>	Lakes Classification: <b>(a)</b>	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)					
Structure must be at least 20' to property line. May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.					
Signature of Inspector: <b>Michael Guzik</b>	Date of Approval: <b>4-29-15</b>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		



Show (1)  
Show (2)  
Show (3)  
Show (4)  
Show (5)  
Show (6)  
Below: Dr

