

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
 Permit Fee: \$1500
 MAR 11 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0099
 Date: 4-30-15
 Amount Paid: \$300
 Refund: 4-80-15

\$300

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"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:	Jacob Hyslop			Mailing Address:	71435 Oulu Rock Rd		City/State/Zip:	Oulu, WI 54820	
Address of Property:	71435 Oulu Rock Rd			City/State/Zip:	Oulu, WI 54820		City/State/Zip:	Oulu, WI 54820	
Contractor:	John Cosu			Contractor Phone:	715-373-2793		Plumber:	Tom Palock	
Authorized Agent:	(Person Signing Application on behalf of Owner(s))			Agent Phone:			Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	04-038-2-48-09-30-401-000-3000	Recorded Document: (i.e. Property Ownership)	Volume	1065	Pages(s)	363	
Section	30	Township	WB N. Range	09	W	Town of:	Oulu	Lot Size	Average 2.0
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet	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	
<input checked="" type="checkbox"/> Non-Shoreland									

Value at Time of Completion <small>* include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$100,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing blgd) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <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 type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 28'	Width: 22'	Height: 17'
Proposed Construction:	Length: 36'	Width: 24'	Height: 21'

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 (2nd) Porch	(X)	
<input type="checkbox"/> Residential Use	with a Deck	(X)	
<input type="checkbox"/> Residential Use	with (2nd) Deck	(X)	
<input type="checkbox"/> Residential Use	with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Mobile Home?</u>	(24 X 36)	864
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Wester BR Living Room</u>	(X)	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify) <u>Bathroom</u>	(X)	
Rec'd for Issuance			
APR 30 2015		14 X 34	336
Secretarial Staff			
	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): Celeste Hie Annelle Prosser
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

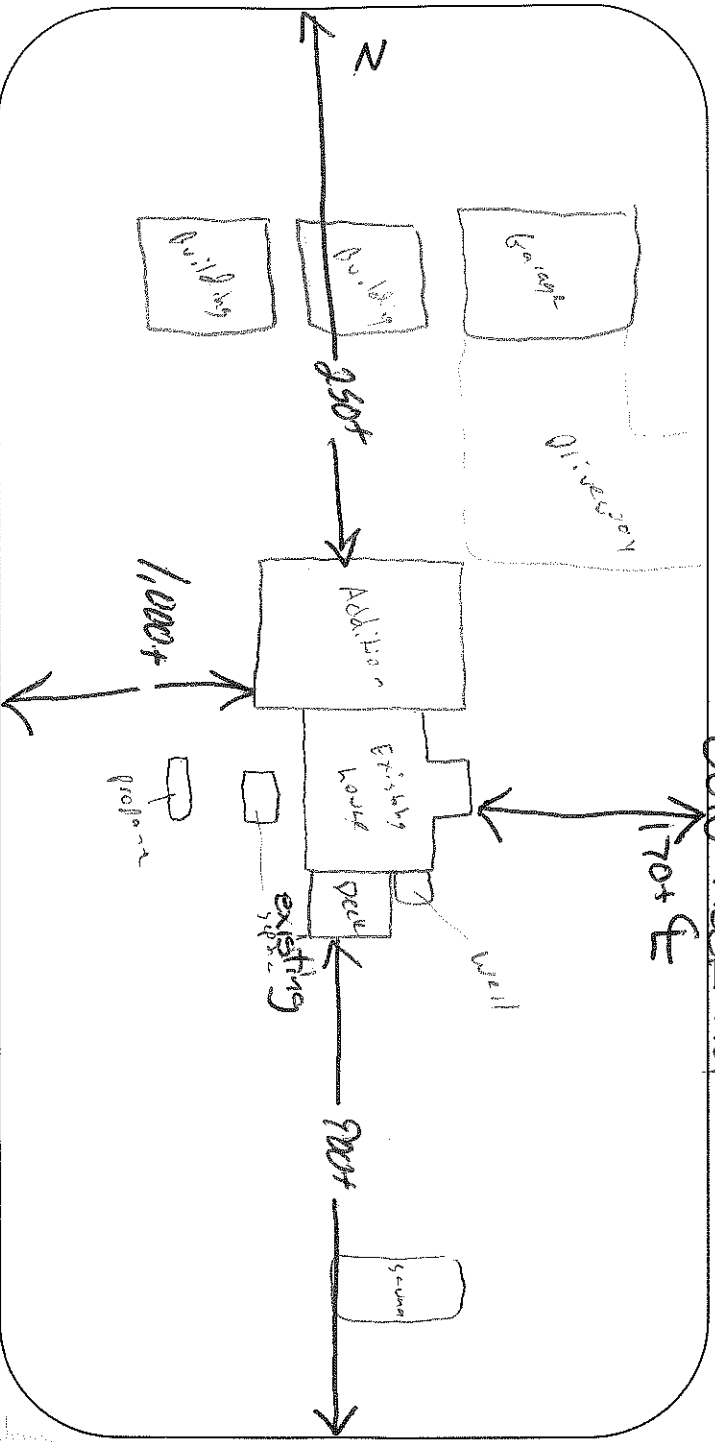
Authorized Agent: _____ Date: 3-9-15
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 71435 Oulu Rock Rd Oulu WI 54820
 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

fused to Tax ID 22265 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	170± Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	150± Feet	Setback from the River Stream, Creek	NA Feet
Setback from the North Lot Line	350± Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	900± Feet	Setback from Wetland	160± Feet
Setback from the West Lot Line	1,900± Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Town Rd	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	3' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	NA 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 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:	15-265	# of bedrooms:	3	Sanitary Date:	4-23-15
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0099	Permit Date: 4:30-15						
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<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 Fused/Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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:

Well staked. Metcalf attached.

Date of Inspection: 3-13-15 Inspected by: M. Furtak

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

Signature of Inspector:	<i>Michael Furtak</i>	Date of Approval:	3-13-15
Hold For Sanitary:	<input checked="" type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>
		Hold For Affidavit:	<input type="checkbox"/>
		Hold For Fees:	300
			have 4-8-15