

**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  
 APR 3 02015  
 Bayfield Co. Zoning Dept.

**ENTERED**

Permit #: **15-0117**  
 Date: **5-16-15**  
 Amount Paid: **\$7555-615**  
 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**     **PRIVATE**     **CONDITIONAL USE**     **SPECIAL USE**     **B.O.A.**     **OTHER**

Owner's Name: William E. Schneberger    Mailing Address: 31920 Maki Rd.    City/State/Zip: Washburn WI 54891    Telephone: 715 373-0363

Address of Property: Karl M. Eward    City/State/Zip: Washburn WI 54891    Cell Phone: 715 292-7078

31920 Maki Rd

Contractor: Economy Garage    Contractor Phone: 218 729 5106    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)    PIN: (23 digits)    Recorded Document: (i.e. Property Ownership)    Page(s)

1/4, \_\_\_\_\_ 1/4    Gov't Lot    Lot(s)    CSM    Vol & Page    Lot(s) No.    Block(s) No.    Subdivision:    Volume 1084    Page(s) 804

Section 19, Township 49 N, Range 04 W    Town of: BAYVIEW    Lot Size    Acreage

10

**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    Are Wetlands Present?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage    If Yes---continue →    Distance Structure is from Shoreline: \_\_\_\_\_ feet     No     No

**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
<u>\$20082.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" 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    Specify Type: _____ <input type="checkbox"/> Sanitary (exists)    Specify Type: <u>NY</u> <input type="checkbox"/> Privy (Pri) 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
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement				
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
		<input type="checkbox"/> Foundation				
		<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it)    Length: 25    Width: 24    Height: 12

Proposed Construction:    Length: 40    Width: 24    Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(    )	(    )
	Residence (i.e. cabin, hunting shack, etc.)	(    )	(    )
	with Loft	(    )	(    )
	with a Porch	(    )	(    )
	with (2 <sup>nd</sup> ) Porch	(    )	(    )
	with a Deck	(    )	(    )
	with (2 <sup>nd</sup> ) Deck	(    )	(    )
	with Attached Garage	(    )	(    )
<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)	(    )	(    )
	Mobile Home (manufactured date) _____	(    )	(    )
	Addition/Alteration (specify) _____	(    )	(    )
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Garage</u>	( <u>24</u> X <u>40</u> )	<u>960</u>
	Accessory Building Addition/Alteration (specify) _____	(    )	(    )
	Special Use: (explain) _____	(    )	(    )
	Conditional Use: (explain) _____	(    )	(    )
	Other: (explain) _____	(    )	(    )

Rec'd for ISSUANCE

MAY 06 2015

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 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): William Eward    Date 4-30-15

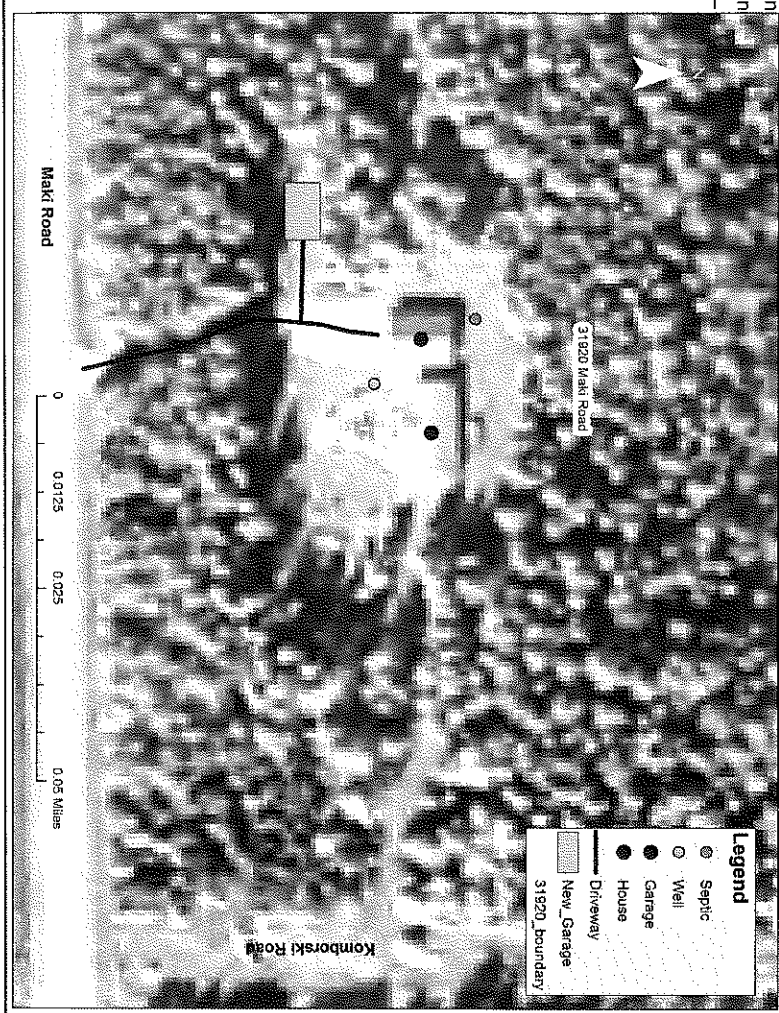
Authorized Agent: \_\_\_\_\_    Date \_\_\_\_\_

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

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 an
- (7) Show an



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	61 Feet	Setback from the Lake (Ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	27 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	488 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	140 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	273 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	365 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	127 Feet	Setback to Well	112 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).

*Compass*

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>15-0117</b>	Permit Date: <b>5-16-15</b>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" 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 Parcel in Common Ownership	<input type="checkbox"/> Yes (Deed of Record)	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:		Date of Re-Inspection:			
Date of Inspection: <b>5-5-15</b>	Inspected by: <b>J. CEDOR BOGA-MURPHY</b>	Zoning District	<b>AE-1</b>		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Lakes Classification	<b>1A</b>		
<p><i>Building shall not be used for sleeping purposes or contain indoor plumbing fixtures connected to water work pressure unless all required permits are obtained.</i></p>					
Signature of Inspector:	Date of Approval: <b>5-5-15</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"/>		