

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
 Bayfield Co. Zoning Dept.
 NOV 1 0 2014

ENTERED
 Permit # 15-0103
 Date: 5-5-15
 Amount Paid: \$150 11-10-14
 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: Abby and Thomas Bloom Mailing Address: 2615 Port Ave. Munroe Falls, WI City/State/Zip: _____ Telephone: 612 834 5269

Address of Property: 19740 Mt. Airi City/State/Zip: Conoveria, WI Contractor Phone: _____ Plumber: _____ Written Authorization Attached Yes No

Contractor: SELVES Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))

PROJECT LOCATION Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 1 CSM Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 31, Township 51 N, Range 6 W Town of: Penit Lot Size 2.000 Acreage _____

Recorded Document: (i.e. Property Ownership) Volume 989 Page(s) 611

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/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

NOT AT SITE OF CONST.

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>3800</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input type="checkbox"/> <u>ATF</u>	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u> <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: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: 2

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 checked="" type="checkbox"/> Residential Use	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
	with Attached Garage	() ()	()
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary/ <input checked="" type="checkbox"/> sleeping quarters (or <input type="checkbox"/> cooking & food prep facilities)	(12) (12)	144
	Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() ()	()
	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
Rec'd for Issuance	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain)	() ()	()

Secretariat 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): Abby Bloom and Thomas M Bloom Date Nov 5 2014

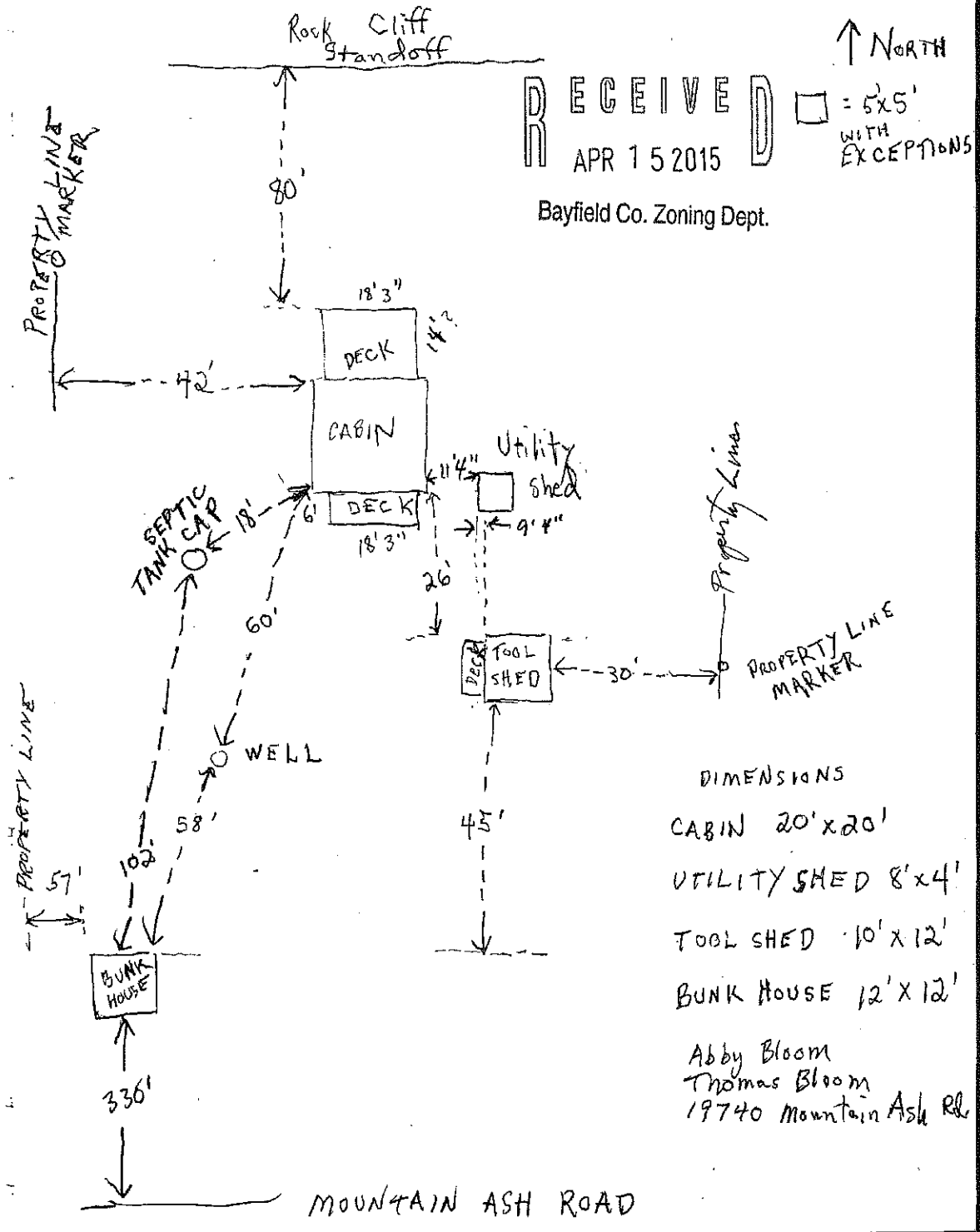
Authorized Agent: _____ Date _____

Address to send permit: _____ Attach _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

LAW or SKETCH
 Show Location of
 Show / Indicate:
 (3) Show Location of
 (4) Show:
 (5) Show:
 (6) Show any
 (7) Show any



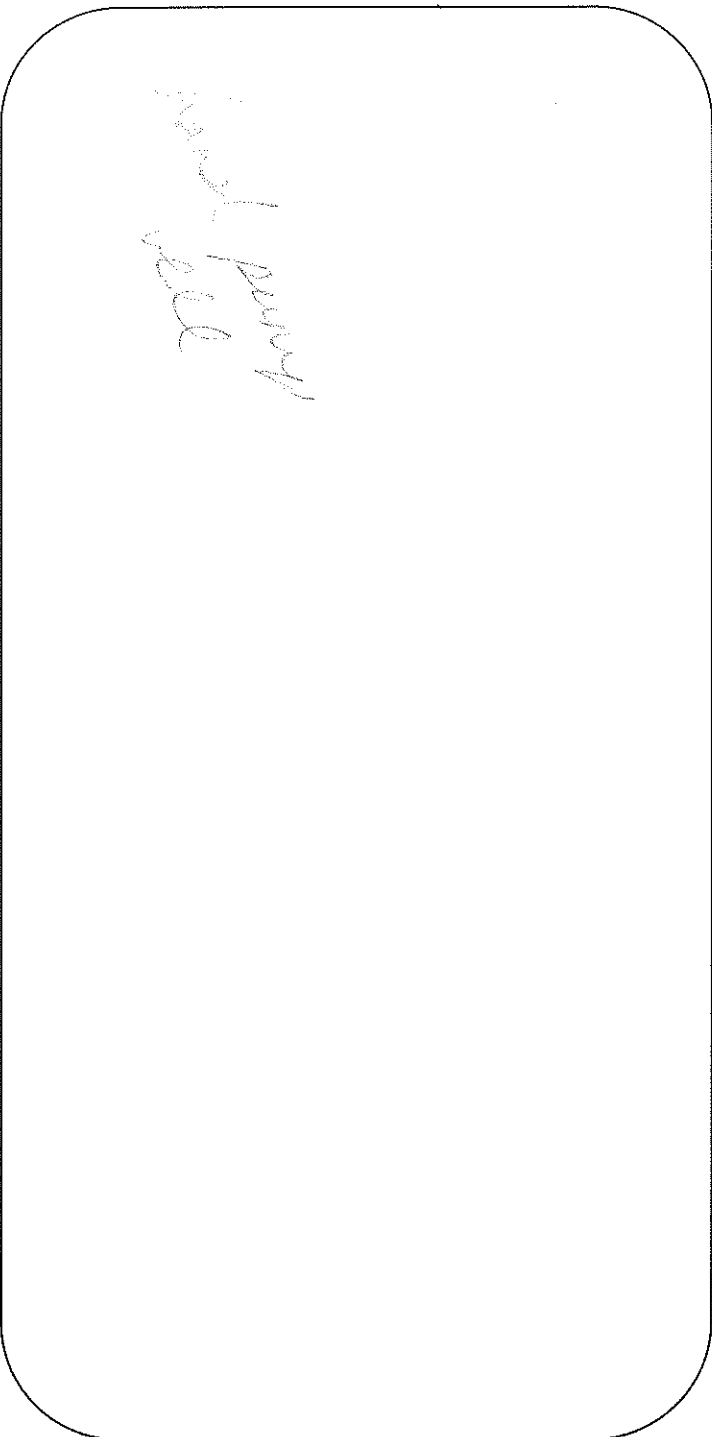
RECEIVED
 APR 15 2015

↑ NORTH
 □ = 5' x 5'
 WITH EXCEPTIONS

Bayfield Co. Zoning Dept.

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)

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

Pit Privy = ~~State or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).~~

Home = 90-9185 ~~NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.~~
 Home add-92-9970 97-2958 ~~ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.~~
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Issuance Information (County Use Only) Sanitary Number: 88-8152 # of bedrooms: Sanitary Date: 8-18-98

Permit Denied (Date): Reason for Denial: *hand pump well on site*

Permit #: 15-0108 Permit Date: 5-5-15 *no plumbing in house*

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

Is Parcel in Common Ownership Yes (Fused/contiguous lots) No

Is Structure Non-Conforming Yes No

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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Affidavit Attached Yes No

Affidavit Required Affidavit Attached Yes No

Mitigation Required Mitigation Attached Yes No

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

Date of Inspection: 4-25-15 Inspected by: *CLARENCE MURPHY* Date of Re-Inspection: *(R-1) Supervisor*

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

Building shall not be used for sleeping purposes + shall not contain indoor plumbing fixtures w/ pressurized water UNLESS ALL NECESSARY PERMITS ARE OBTAINED

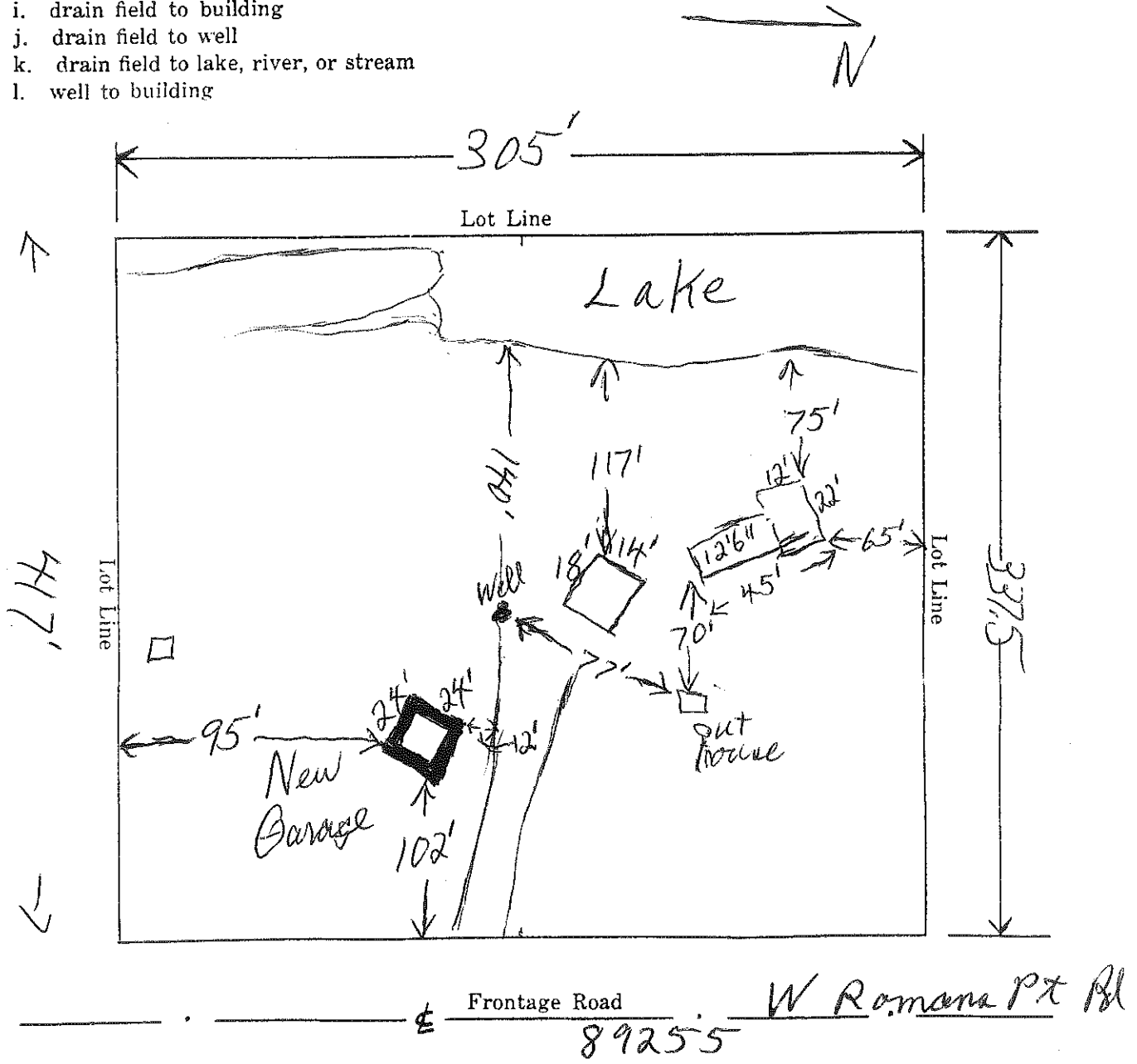
Signature of Inspector: *[Signature]* Date of Approval: 4-30-15

Hold For Sanitary: Hold For TNA: Hold For Affidavit: Hold For Fees:

22 Apr

Drawn by:
 (1) Show Location
 (2) Show / Indicate
 (3) Show Location
 (4) Show:
 (5) Show:
 (6) Show any (*):
 (7) Show any (*):

1. Using the frontage road as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank, and drain field.
4. Show the location of any lake, river or stream if applicable.
5. Show dimensions in feet on the following:
 - a. building to all lot lines
 - b. building to centerline of road
 - c. building to lake, river, or stream
 - d. septic tank to closest lot line
 - e. septic tank to building
 - f. septic tank to well
 - g. septic tank to lake, river, or stream
 - h. drain field to closest lot line
 - i. drain field to building
 - j. drain field to well
 - k. drain field to lake, river, or stream
 - l. well to building



Indicate whether or not the following locations are staked:

Structure	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Drain Field	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Septic Tank	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Well	Yes <input type="checkbox"/>	No <input type="checkbox"/>