

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

Date Stamp (received)
 APR 27 2015

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0118
Date:	5-16-15
Amount Paid:	\$495
Refund:	5-16-15

195 + cost building + 250 = \$495

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: Richard + Susan Matt Mailing Address: 6000 Manscodd Rd City/State/Zip: MASON WI 54856 Telephone: 715-492-7000

Address of Property: Same City/State/Zip: Same Cell Phone: 715-492-7000

Contractor: Self Contractor Phone: Plumber: USociety Plumbers Plumber Phone: 715-798-3885

Authorized Agent: (person Signing Application on behalf of Owner(s)) Agent Phone: USociety Plumbers Agent Mailing Address (include City/State/Zip): USociety Plumbers Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04-032-2-46-06-21-4 03-000-6000 PIN: (23 digits) 04-032-2-46-06-21-4 03-000-6000 Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section S1, Township 46 N, Range 6 W Town of: Mason Lot Size _____ Acres: 90

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

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

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
\$90,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>HI</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 28' Width: 40' Height: 15'

Proposed Construction: _____

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 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(28 X 40) (X X) (X X) (X X) (X X) (X X) (X X)	1120
<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 X)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	(X X)	
	Addition/Alteration (specify) _____	(X X)	
	Accessory Building (specify) _____	(X X)	
	Accessory Building Addition/Alteration (specify) _____	(X X)	
	Special Use: (explain) _____	(X X)	
	Conditional Use: (explain) _____	(X X)	
	Other: (explain) _____	(X X)	

Record 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 submitted 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.

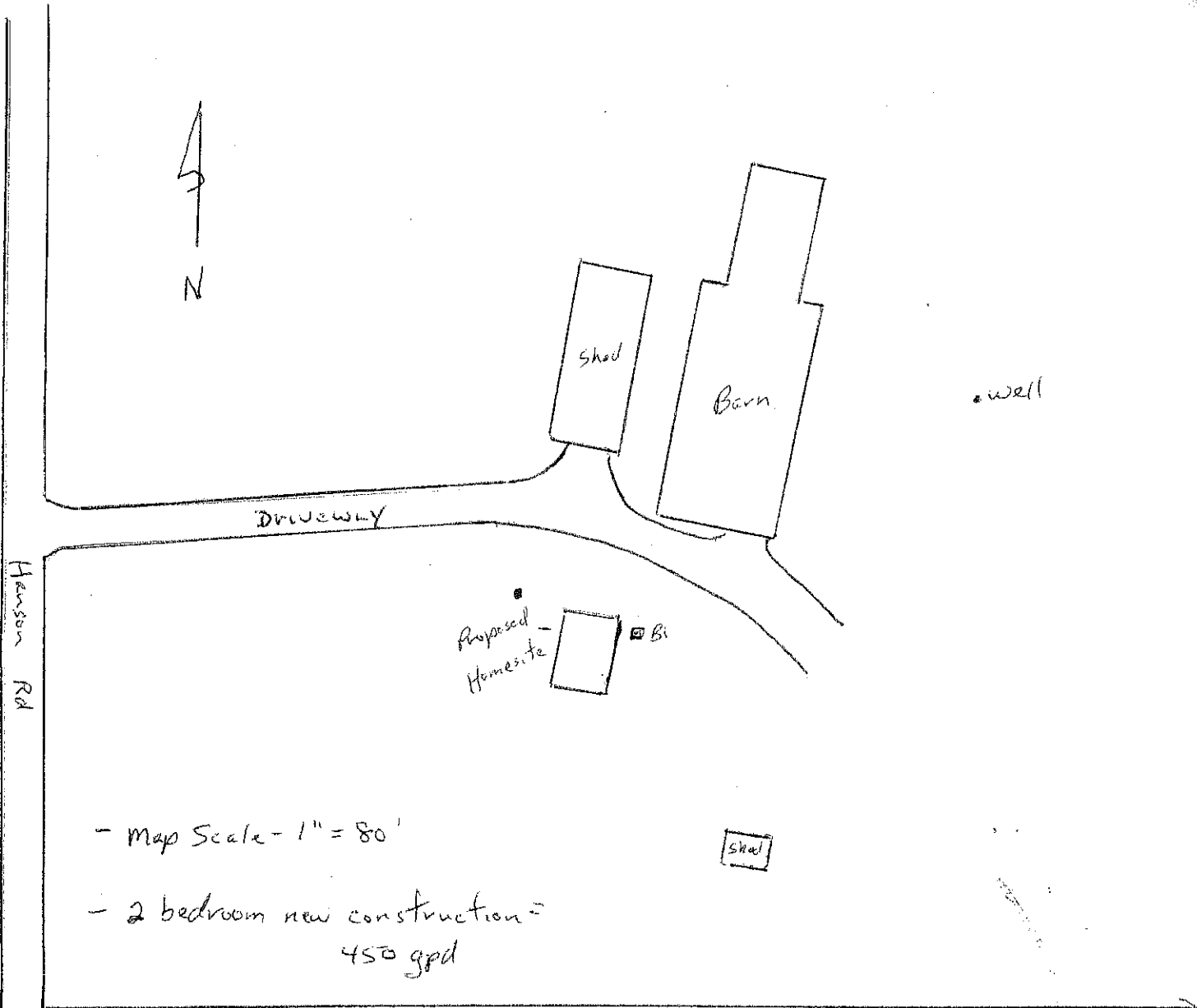
Owner(s): Susan Matt Richard Matt Date 4-22-15

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 Same as above Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

SW-SE-21-T46N-R6W



- Map Scale - 1" = 80'

- 2 bedroom new construction = 450 gpd

- Holding Tank Recommended
- Contingency Plan - if or when holding tank ever fails, replacement with another holding tank recommended

Joseph Zirn ID# 223989

Joseph Zirn 4-14-15