

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 24 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-0110
 Date: 5-6-15
 Amount Paid: \$1025
 Refund: \$560-15

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: Erin Smith Mailing Address: 90054 Eggert Bayfield WI 90054 Telephone: 715-774-3995

Address of Property: XXX Hyde rd City/State/Zip: Bayfield WI 90054 Cell Phone: 715 209-8427

Contractor: SAFE Contractor Phone: Plumber: Plumber Phone: Plumber:

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: NW 1/4 SW 1/4 Legal Description: (Use Tax Statement) 04-040251040430200020000 PIN: (23 digits) 040251040430200020000 Volume 1181 Page(s) 214

Gov't Lot: --- Lot(s): --- CSM: --- Vol & Page: --- Lot(s) No.: --- Block(s) No.: --- Subdivision: --- Lot Size: --- Acreage: 10

Section 4, Township S1 N. Range 4 W Town of: Russell

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (per Interim) Creek or Landward side of Floodplain? --- Distance Structure is from Shoreline: 150 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage --- Distance Structure is from Shoreline: --- feet

If yes---continue \rightarrow If yes---continue \rightarrow

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
\$ <u>15,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft	<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 type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>---</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

not on map

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

Proposed Construction: Length: --- Width: --- Height: ---

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) <u>garage</u>	<u>125 X 50</u>	<u>1250</u>
	Residence (i.e. cabin, hunting shack, etc.)	<u>---</u>	<u>---</u>
	with Loft	<u>---</u>	<u>---</u>
	with a Porch	<u>---</u>	<u>---</u>
	with (2 nd) Porch	<u>---</u>	<u>---</u>
	with a Deck	<u>---</u>	<u>---</u>
	with (2 nd) Deck	<u>---</u>	<u>---</u>
	with Attached Garage	<u>---</u>	<u>---</u>
<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)	<u>---</u>	<u>---</u>
	Mobile Home (manufactured date)	<u>---</u>	<u>---</u>
	Addition/Alteration (specify)	<u>---</u>	<u>---</u>
	Accessory Building (specify)	<u>---</u>	<u>---</u>
	Accessory Building Addition/Alteration (specify)	<u>---</u>	<u>---</u>
<input type="checkbox"/> Municipal Use	Special Use: (explain)	<u>---</u>	<u>---</u>
	Conditional Use: (explain)	<u>---</u>	<u>---</u>
	Other: (explain)	<u>---</u>	<u>---</u>

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): Erin Smith Date: ---

(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: ---

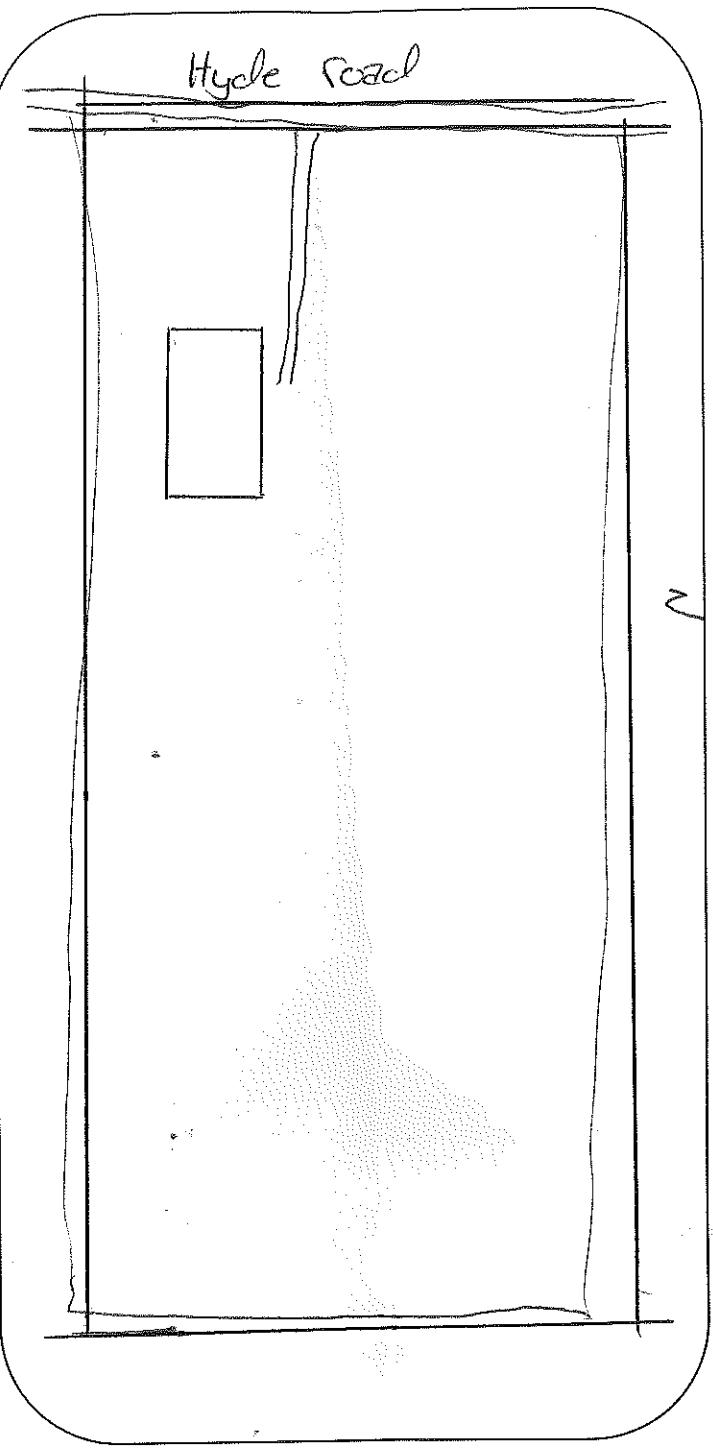
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit --- Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

- (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	255 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	242 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	65 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	255 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1026 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 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 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) or 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: NR	# of bedrooms: 1	Sanitary Date: NA
Permit Denied (Date):	Reason for Denial:			
Permit #: 15-0118	Permit Date: 5-16-15	not 26 acres for Russell overlong		
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation 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 #:			
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
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: pipes + building site well - marked	Inspected by: J. WADSWORTH MURPHY	Zoning District: REBS	Date of Re-Inspection:	
Date of Inspection: 4-28-15	Conditions Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)	Lakes Classification (N/A)		
BUILDING SHALL NOT BE USED FOR SEPTIC PURPOSES & SHALL NOT HAVE INDOOR PLUMBING FIXTURES OR CONNECTION TO PRESSURIZED WATER UNLESS AN APPLICABLE SANITARY HAND USE, VDC REQUIREMENT OR MAXIMUM PERMITTER WILL BE IMPOSED.				
Signature of Inspector: [Signature]	Date of Approval: 4-30-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

NO RV ON SITE IN EXCESS OF 21 DAYS PER CHATEAUNEAU WHERE UPON APPROVED SANITATION.