

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
 MAY 08 2015
 Bayfield Co. Zoning Dept.

Permit #:	15-0148
Date:	5-15-15
Amount Paid:	\$75
Refund:	5/15/15

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. HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Phil Shawn Eiting Mailing Address: 7158 Thole Rd, Mellen, WI 54546 Telephone: 920-213-7445
 Address of Property: 46885 Hwy 63 City/State/Zip: Drummond, WI 54832 Cell Phone: 920-841-7445
 Contractor: Phil Eiting (owner) Contractor Phone: 920-841-7445 Plumber: 920-841-7445
 Authorized Agent: (Person Sign Application on behalf of Owner(s)) Agent Phone: 920-841-7445 Agent Mailing Address (include City/State/Zip):
 PIN: (23 digits) 04-018-244-07-31-101-000-2500
 PROJECT LOCATION: A/E 1/4, N/E 1/4 Gov't Lot: 2 CSM: 1458 Vol & Page: V8 384 Lots No.: 2 Block(s) No.: 113 Subdivision: 119 Recorded Document: (i.e. Property Ownership) 119 Page(s) 119
 Section: 31, Township: 44 N, Range: 7 W Town of: Drummond Lot Size: 7.7 Acreage

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue
 Non-Shoreland Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No
 Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: _____ feet

Value at Time of Completion * Include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$3000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cover</u> <input type="checkbox"/> Privy (Pri) 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: 48 Height: 6'
 Proposed Construction: Covered Porch Length: _____ Width: _____ Height: 12'

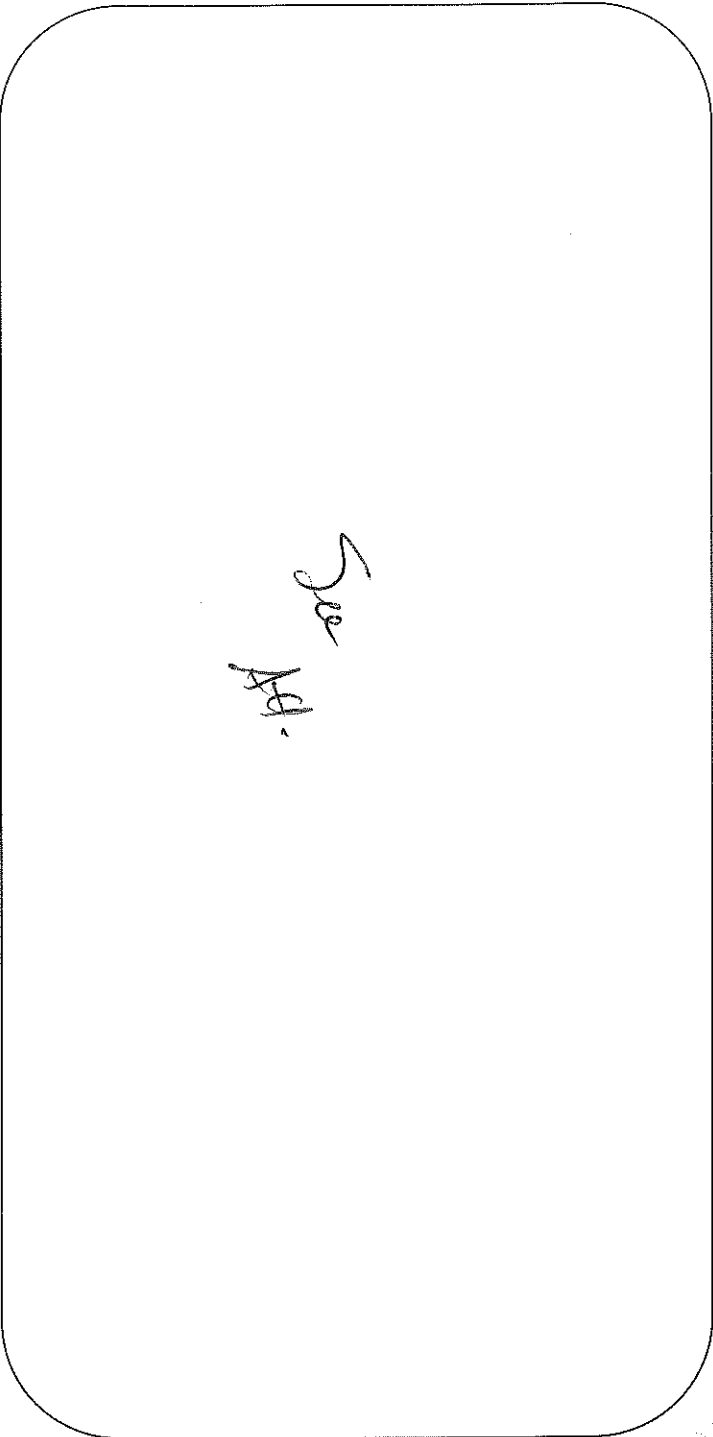
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage	(<u> </u>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

Secretarial Staff: MAY 15 2015
 FAILURE TO OBTAIN A PERMIT OF 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): Phil Shawn Eiting Date 5-8-15
 (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 7158 Thole Rd, Mellen, WI 54546
 Copy of Tax Statement
 Attach
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed

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 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	738 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	650 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	125+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	61 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	112 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	655 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	32 Feet
Setback to Drain Field	65 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).

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: 4868374 # of bedrooms: 3 115162

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 486374 15-042 Permit Date: 4/25/16 5-15-15

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Deed of Record) No

Is Structure Non-Conforming Yes (Fused/Contiguous Lot(s)) No

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

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Proposed privy well marked

Date of Inspection: 5/14 Inspected by: grawley

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

Signature of Inspector: grawley Date of Approval: 5/15/15

Hold For Sanitary: _____ Hold For TBA: _____

Hold For Affidavit: _____ Hold For Fees: _____

