

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 17 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0445
 Date: 5-19-15
 Amount Paid: \$945
 Refund: \$1915
 \$945 + 175

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: Michael Rodke Mailing Address: 49380 N. Pine Rock City/State/Zip: Drummond WI 54832 Telephone: 715-644-8931

Address of Property: 49380 N. Pine Rock Road City/State/Zip: Drummond WI 54832 Contractor Phone: Plumber: Plumber Phone: Plumber:

Contractor: S&B Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes No

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

PROJECT LOCATION: NW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 04-618-2-44-07-20-4-02-000 R20 PIN: (23 digits) 04-618-2-44-07-20-4-02-000 R20 Recorded Document: (i.e. Property Ownership) 1128 Volume 823 Pages

NW 1/4, SE 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage 20

Section 20, Township 44 N, Range 7 W Town of: Drummond

Shoreland Non 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

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
\$ 315,000	<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 type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u>	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement w/	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Foundation	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> <u> </u>

Existing Structure: (if permit being applied for, is relevant to it) Length: 57 Width: 30 Height: 24

Proposed Construction: Length: 57 Width: 30 Height: 24

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(30 X 57)	1710
	with Loft	(19 X 8)	152
	with a Porch - <u>covered</u>	(12 X 20)	240
	with a Deck	(28 X 31)	898
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	Bunthouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify) <u> </u>	(X)	
	Accessory Building (specify) <u> </u>	(X)	
	Accessory Building Addition/Alteration (specify) <u> </u>	(X)	
	Special Use: (explain) <u> </u>	(X)	
	Conditional Use: (explain) <u> </u>	(X)	
	Other: (explain) <u> </u>	(X)	

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.

Owners: Michael Rodke Date 4-16-15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: S&B Date

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

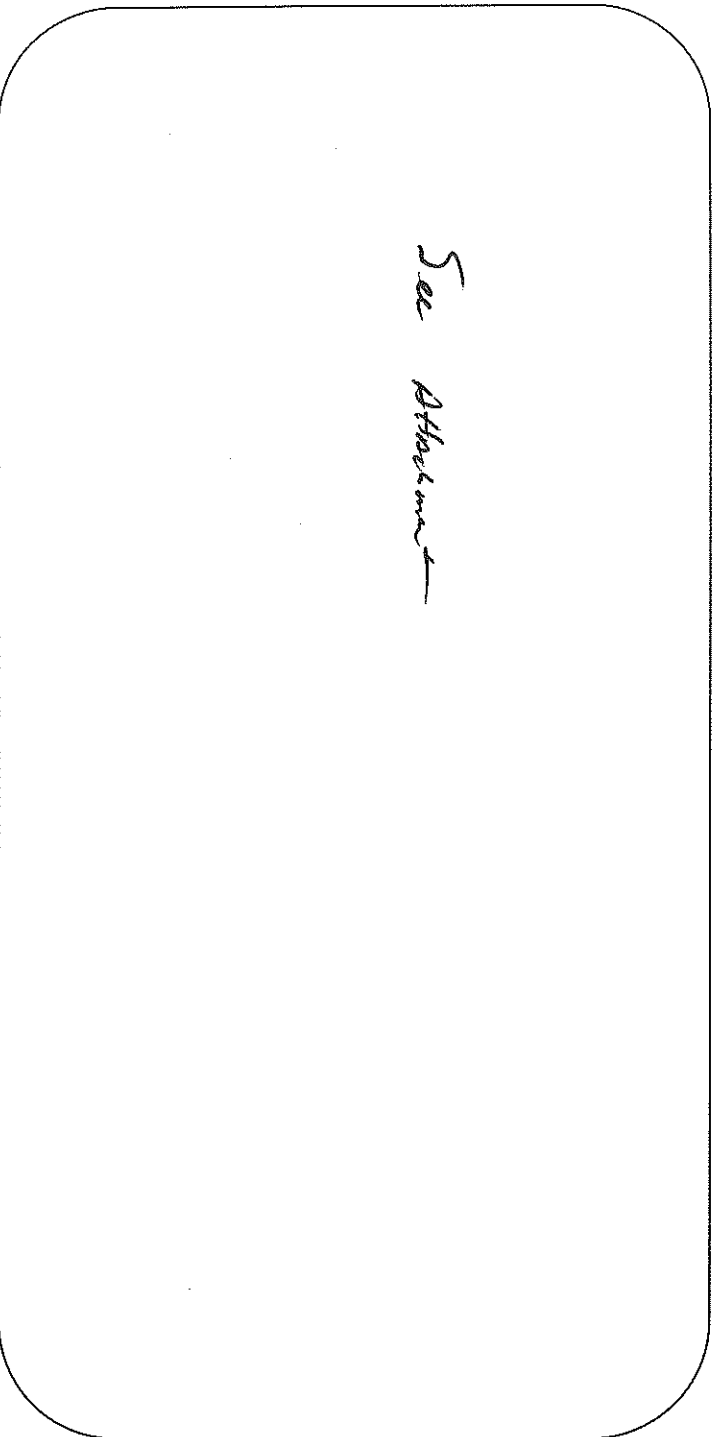
Address to send permit S&B as above Attach Copy of Tax Statement Recorded Deed

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 any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attachment



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.

(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: <u>15-455</u>	# of bedrooms: <u>3</u>	Sanitary Paper: <u>5/15/15</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>15MGS 150145</u>	Permit Date: <u>5-19-15</u>		
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	<u>Meets all standards. Wells staked.</u>		
Date of inspection: <u>4-23-15</u>	Inspected by: <u>MM. Furbak.</u>	Zoning District: <u>(P1)</u>	Lakes Classification: <u>(NA)</u>
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)			
Signature of Inspector: <u>see TB4</u>	Date of Approval: <u>4-24-15</u>		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

04018244072010300010000

Parcel Search

Search Layer:

By Tax ID#

Search by Tax ID [Ex: 32020]:

Search input field

Search

Clear

04018244072030200010000

04018244072030100010000

Drummond

040182440720402000 20000

040182440720402000 30000

4880 N PINE ROCK RD

04018244072040100010000

04018244072030300010000

04018244072030400010000

260 m

500 ft

4880 N PINE ROCK RD

4880 N PINE ROCK RD

LAKE OWEN STATION RD

04018244072040300010000

04018244072130200010000

Current theme: Land Records