

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
 RECEIVED
 MAY 18 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-01520
 Date: 5-21-15
 Amount Paid: \$175.50-15
 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: RUSSELL D. LEIN Sr Mailing Address: 83140 GRAND AVE City/State/Zip: PORT WILG, WI 54865 Telephone: 715-774-3432

Address of Property: 83140 GRAND AVE City/State/Zip: PORT WILG, WI 54865 Call Phone: 715-774-3132

Contractor: PORT WILG, WI 54865 Contractor Phone: NA Number: NA Plumber Phone: NA

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

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-28813 / 28812 Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

Govt Lot: 1/4 Lot(s): 1/4 CSM: 19-24 Vol & Page: 19-24 Block(s) No.: 26 Subdivision: Full addition to Port Wilg

Section: 42, Township: 2 N, Range: 50 W Town of: PORT WILG Lot Size: _____ Acreage: _____

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
<u>\$ 261,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <u>SHOP</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <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 checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for, is relevant to it) Length: 33' Width: 26' Height: _____

Proposed Construction: Length: 32' Width: 16' Height: 16'

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	() ()	()
<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>To Garage/Rec Area For Shop</u>	(<u>31'</u> X <u>16'</u>)	<u>514</u>
	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain)	() ()	()

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 proof of ownership 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): RUSSELL D. LEIN Sr / Debra Date: 4/30/15

(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: _____

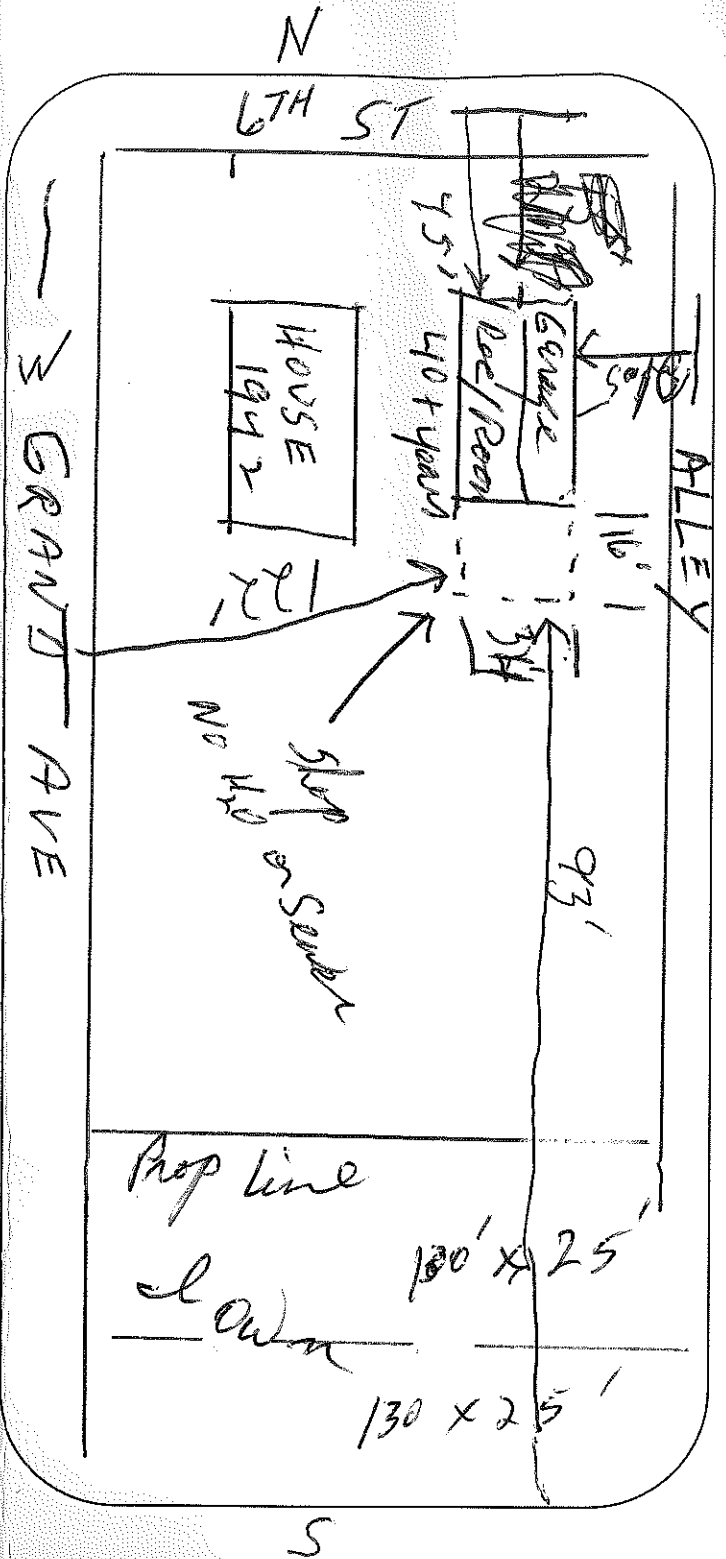
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____

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

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
- (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	16'	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	16'	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	45'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	93'	Setback from Wetland	Feet
Setback from the West Lot Line	215'	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	215'	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	NA	Setback to Well	Feet
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

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 Dwelling: 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>Sanitary allowed</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <u>15-050</u>	Permit Date: <u>5-21-15</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Based on Record)	<input type="checkbox"/> No		
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No		
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: _____	Previously Granted by Variance (B.O.A.)	Case #: _____	
Was Parcel Legally Created	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>unincorporated village ecology-water system</u>				
Date of Inspection: <u>5-20-15</u>	Inspected by: <u>CAZIMIRO MURPHY</u>	Zoning District: <u>(R-4)</u>	Lakes Classification: <u>(NA)</u>	Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No they need to be attached.			
<u>Builder not approved for SEWER PAPER/HUMAN</u>				
<u>HANNAH</u>				
Signature of Inspector: _____				Date of Approval: <u>5-21-15</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	