

150 Bayfield  
Bayfield  
city zoning

**BAYFIELD COUNTY  
SANITARY PERMIT APPLICATION**

**ENTERED**

Zoning District RI  
Lakes Class NA

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)		Soil Test No: <u>25-15</u>	County Permit No: <u>15-0166</u>
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Property Owner's Name: <u>JERRY POJAR Rose Hassing</u>	County: <b>Bayfield</b>
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Address of Property: <u>949 Bayless Avenue</u>	Property Location: <u>Smith Lake Rd Lot 1</u> ¼ ¼ S 1 T 44N N, R 9 W E (or) W
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Property Owner's Mailing Address: <u>651-</u>	Township: <u>Barnes</u> Gov. Lot #:
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City, State: <u>ST. PAUL MN</u> Zip Code: <u>55114</u> Phone Number: <u>649-0897</u>	Lot #: <u>1</u> Block #: <u>1</u> Subdivision Name or CSM #: <u>118</u>
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<b>II. TYPE OF BUILDING:</b> (Check One)		Parcel ID: <u>04-004-2-44-09-01-2 05-001-81000</u>
<input type="checkbox"/> State Owned	<input checked="" type="checkbox"/> NONE	Bayfield Co. Zoning Dept.
<input type="checkbox"/> Public (Explain the use/purpose _____)		Tax Number(s):
<input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____		

**III. TYPE OF PERMIT:** (Check only one box on line A. Check box on line B, if applicable)

A) <input checked="" type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> County Private Interceptor
<input type="checkbox"/> Reconnection	<input type="checkbox"/> Repair	<input type="checkbox"/> Revision
** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)		
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____		

**IV. TYPE OF NON-PLUMBING SYSTEM:** (Check One) \* Replacements need previous permit number and date filled out above

C) <input checked="" type="checkbox"/> Pit Privy	<input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)
<input type="checkbox"/> Portable Privy	<input type="checkbox"/> Camping Transfer Unit Container
<input type="checkbox"/> Composting Toilets	<input type="checkbox"/> Incinerating Toilet

**V. ABSORPTION SYSTEM INFORMATION:**

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)
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VI. TANK INFORMATION:	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank											
Lift Pump Tank / Siphon Chamber											

**VII. RESPONSIBILITY STATEMENT:**

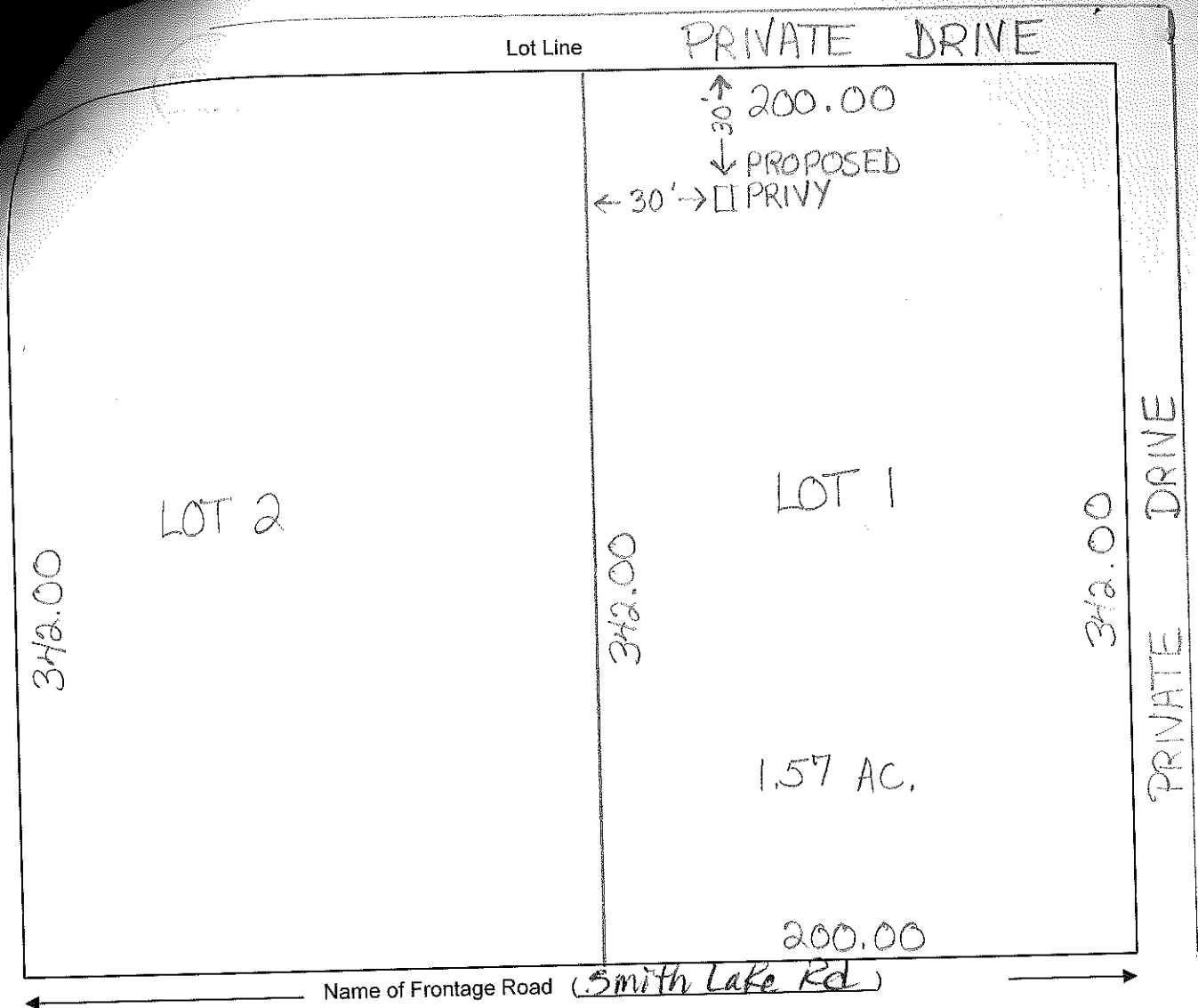
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Owner's Name(s): (Print) <u>JERRY POJAR</u>	Owner's Signature(s): (No Stamps) <u>Jerry Pojar</u>
Plumber's Name: (Print)	Plumber's Signature: (No Stamps)
Plumber's Address: (Street, City State, Zip Code)	MP/MPSRW No:
Home Phone:	Business Phone:

**VIII. COUNTY / DEPARTMENT USE ONLY**

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <u>\$150</u>	Date Issued: <u>6-3-15</u>	Issuing Agent's Signature / Date: <u>[Signature] 6/3/15</u>
	<input type="checkbox"/> Owner Given Initial Adverse Determination			

**IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:**



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building. NA

3. Show the location of the well, septic tank and drain field. NA

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures. NA

6. Show the approximate location of any wetlands or slopes over 20 percent. NA

7. Show dimensions in feet on the following:

- a. Building to all lot lines NA
- b. Building to centerline of road NA
- c. Building to lake, river, stream or pond NA
- d. Septic / holding tank to closest lot line NA
- e. Septic/holding tank to building NA
- f. Septic / holding tank to well NA
- g. Septic / holding tank to lake, river, stream or pond NA
- h. Privy to closest lot line

- i. Privy to building NA
- j. Privy to lake, river, stream or pond NA
- k. Drain field to closest lot line NA
- l. Drain field to building NA
- m. Drain field to well NA
- n. Drain field to lake, river, stream or pond NA
- o. Well to building NA

IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

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  
 MAY 29 2015  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	1501602
Date:	6-4-15
Amount Paid:	.
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: JEFFREY R. DEYOUNG Mailing Address: 591 Summit Ave St. Paul MN. 55102 Telephone: 612-812-8836

Address of Property: Penin Sula Road City/State/Zip: Penin Sula Road City/State/Zip: Penin Sula Road Cell Phone: 888336

Contractor: Drossler Bothe LMB Inc Contractor Phone: 715-699-4072 Plumber: Petes Plumbing Plumber Phone: 225-4774

Authorized Agent: N/A (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-699-4072 Agent Mailing Address (include City/State/Zip): Penin Sula Road Written Authorization Attached:  Yes  No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 1/4 Lot(s): 1/4 CSM: 004-2-44-09-09-100-172 PIN: (123 digits) 004-004-2-44-09-09-100-172 Vol & Page: 439 Lot(s) No.: 5, 4 Block(s) No.: 2 Subdivision: EAU Claire Lake Park

Section: 09 Township: 44 N. Range: 09 W. Town of: BARNES Lot Size: 0.780 Acreage: 0.780

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?  If Yes---continue  If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  If Yes---continue  If Yes---continue

Distance Structure is from Shoreline: 80 feet

Distance Structure is from Shoreline: 80 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>60000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" 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"/>	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>FA11E</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structures: (if permit being applied for is relevant to it) Length: 120 Width: 32 Height: 22.1

Proposed Construction: Length: 120 Width: 32 Height: 22.1

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>32 x 32</u>	<u>1024</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>10 x 42</u>	<u>420</u>
	with Loft		
	with a Porch		
	with (2 <sup>nd</sup> ) Deck		
	with (2 <sup>nd</sup> ) Deck		
	with Attached Garage	<u>24 x 40</u>	<u>960</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)		
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)		
	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 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: Jeffrey R. DeYoung Date: 5/21/15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Michelle DeYoung Date: 5/21/15  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: 9452 N Pils Ridge Hayward WI 54843 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or sketch your property (regardless of what you are applying for)

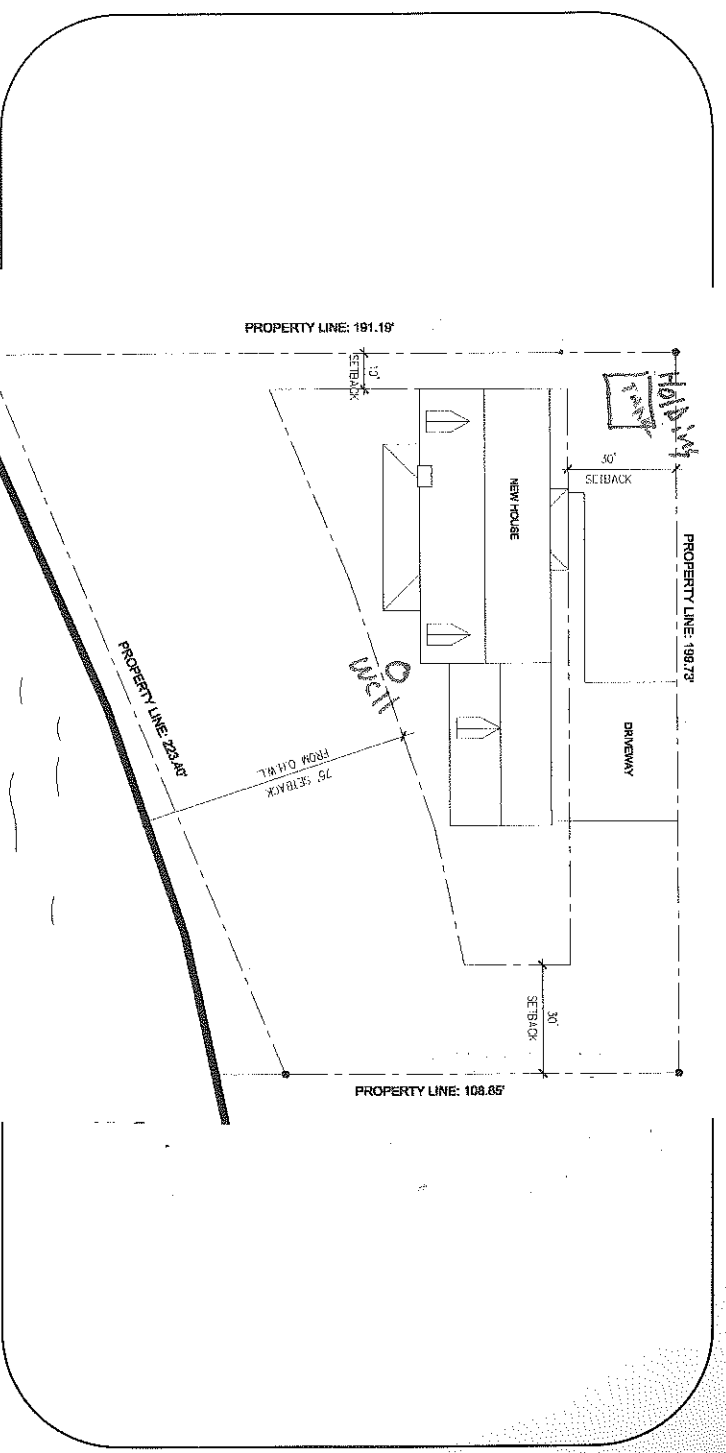
- (1) Show Location of:
- (2) Show / Indicate:
- (3) Show Location
- (4) Show:
- (5) Show:
- (6) Show any (\*):
- (7) Show any (\*):

Proposed Construction  
North (N) on Plot Plan

\_\_\_\_\_ Road (Name Frontage Road)

PENINSULA ROAD  
TRAVEL CENTERLINE

and/or (\*) Privy (P)



(8) Setbacks: (1) \_\_\_\_\_ (7) \_\_\_\_\_

Approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	65 Feet	Setback from the Lake (ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	30 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	10 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	10 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)**

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 15-0167 Permit Date: 6-4-15 Sanitary Number: 15-548 # of bedrooms: 3 Sanitary Date: 6-3-15

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No Was Property Surveyed  Yes  No

Inspection Record: House is Staked & lot lines Surveyed

Date of Inspection: 6/2 Inspected by: Shawley Zoning District: R-1

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.) Date of Re-Inspection: \_\_\_\_\_

Signature of Inspector: Shawley Date of Approval: 6/3

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_