

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 (Required)
RECEIVED
 APR 22 2015

ENTERED

Permit #:	15-D165
Date:	6-2-15
Amount Paid:	\$75
Refund:	6-2-15

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.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Donald Sorensen Mailing Address: 1551, 38th Ave City/State/Zip: Amery WI 54001 Telephone: 715-268-6304

Address of Property: 4110 Old 13 City/State/Zip: Port Wing WI 54865 Contractor Phone: Plumber: Plumber Phone: 715-334-3877 Cell Phone: 715-334-3877

Contractor: Self 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: 1/4 SE NW Sec 1/4 Gov't Lot: 1/4 Lot(s): 1/4 CSM: 1/4 Vol & Page: Tax ID 08044 Lot(s) No.: 08044 Block(s) No.: 08044 Subdivision: 08044 Recorded Document: (i.e. Property Ownership) Volume: 08044 Page(s): 08044

section S03 T49 N R0900 Township N. Range W Town of: Oriente Lot Size: 10 Acreage: 10

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 in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue → Distance Structure is from Shoreline: feet Yes No

Non-Shoreland

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>19,800</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" 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 type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

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	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with Loft	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with a Porch	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with (2 nd) Porch	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with a Deck	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with (2 nd) Deck	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> with Attached Garage	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Accessory Building (specify) <u>sewerage</u>	(<u>24</u>)	(<u>24</u>)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u>)	(<u> </u>)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u> </u>)	(<u> </u>)
	<input type="checkbox"/> Other: (explain) _____	(<u> </u>)	(<u> </u>)

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 (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 (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 of any reasonable time for their inspection.

Owner(s): Donald Sorensen Date 4-21-15
 (if there are multiple Owners listed on the Deed All Owners must sign) 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)

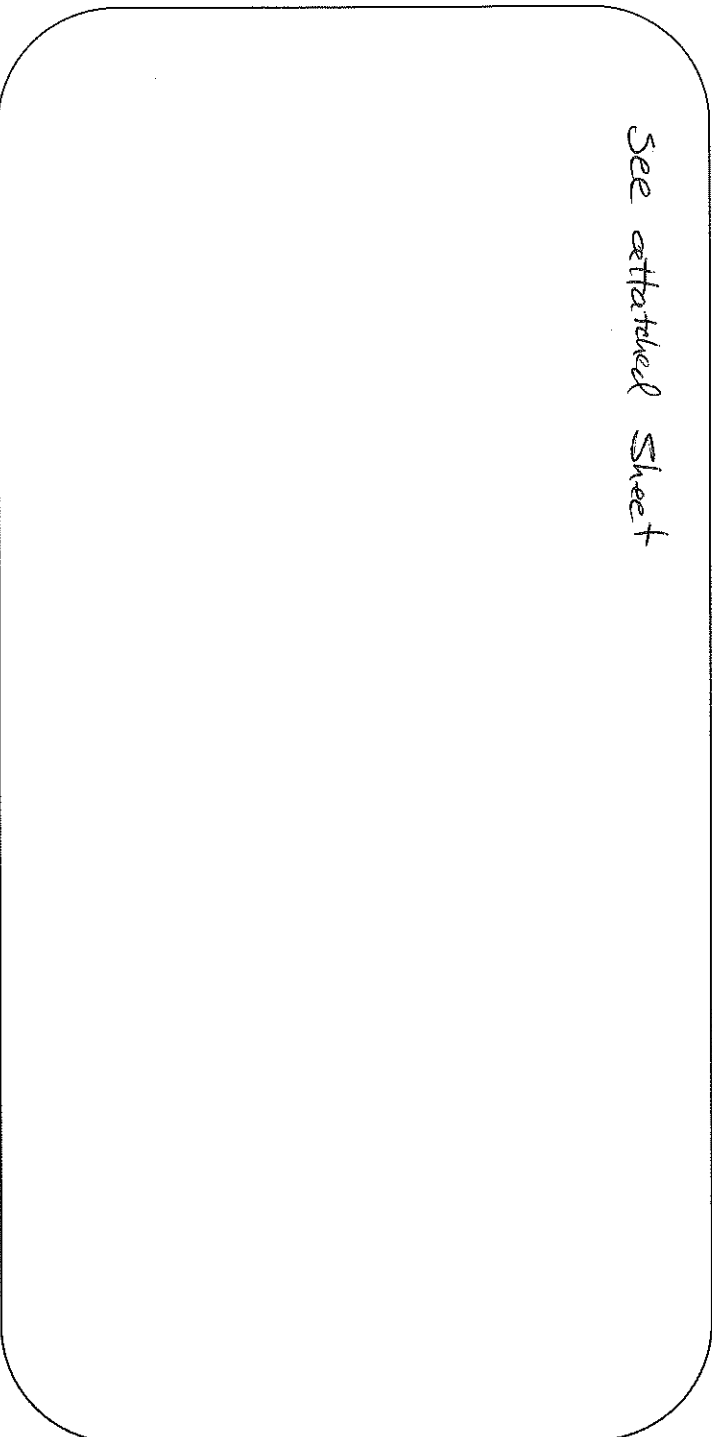
Address to send permit _____
 Attach Copy of Tax Statement if you recently purchased the property send your Recorded Deed

TYPE OF SANITARY? APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 PIT PER 1000

Box 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 attached sheet



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).

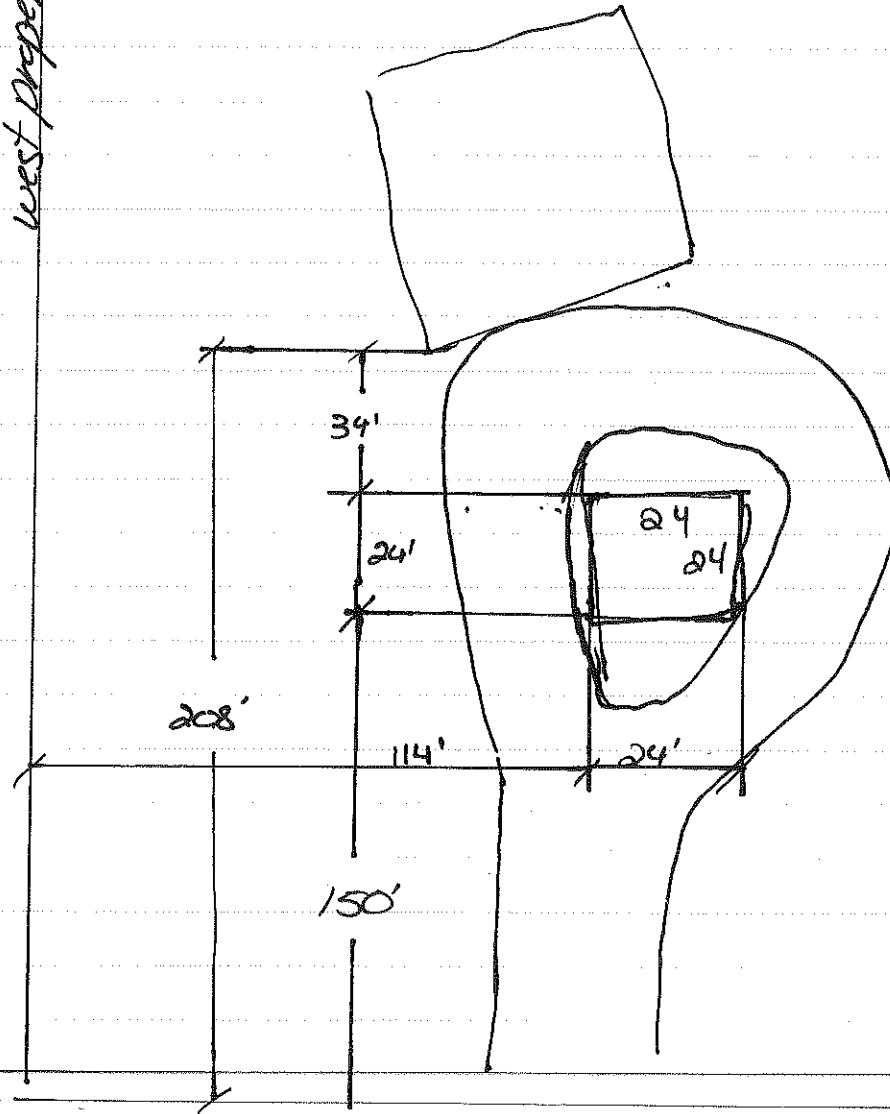
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: ES-01165	Permit Date: 10-2-15				
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel In Common Ownership <input type="checkbox"/> Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Case #:	Case #:	Case #:	Case #:
<input checked="" type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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	<input type="checkbox"/> Zoning District <input type="checkbox"/> Lakes Classification (N/A)	<input type="checkbox"/> Date of Re-Inspection:
Inspection Record: Site approved by DNR 8-6-15 + 25 FT FROM WAPPED METHOD BOUNDARY. ONLY LOCATION ON PROPERTY THAT IS WAPPED + METERS WITHIN SETBACK. Date of Inspection: 4-22-15 Inspected by: ADAM BAKER MURPHY					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached! NO LAND DISTURBANCE ACTIVITY ALLOWED IN WETLANDS. BUILDING SHALL NOT BE USED FOR STEPPING PURPOSES + NO BUILDING ON THE PROPERTY SHALL CONTAIN LOWER PUMPING FIXTURES BY SIGNATURE OF INSPECTOR:					
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input checked="" type="checkbox"/> Date of Approval: 5-6-15	PRESSURIZED WATER UNLESS PRIVATE ONSITE WASTEWATER TREATMENT SYSTEM IS APPROVED + INSTALLED				

3rd choice

N
4 Not to Scale

will property line



old B