

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

175 + 490 = \$625.00
 B704

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Submitted (Received)
 MAY 06 2015
 Bayfield Co. Zoning Dept.



Permit #:	15-0184
Date:	6-11-15
Amount Paid:	\$625
Refund:	6-11-15

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: **STEVEN AND DARLENE JOECKS** Mailing Address: _____ City/State/Zip: _____ Telephone: _____
 Address of Property: **10480E WHITE BIRCH RD.** City/State/Zip: **PORT WING, WI 54865** Call Phone: **612-227-6468**
 Contractor: **SELF** Contractor Phone: _____ Plumber: **TBD** Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) **SE 1/4, NW 1/4** PIN: (23 digits) **04-042-2-50-08-34-2 04-000-3000** Recorded Document: (i.e. Property Ownership) Volume **1054** Page(s) **13**
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section _____, Township _____ N, Range _____ W Town of: **PORT WING, WI** Lt's & Sec **660 X 630** Acreage **9.6**

Shoreland Is Property/Land within 300 feet of River, Stream (Intermittent) _____ Distance Structure _____ feet from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage _____ Distance Structure is from Shoreline: _____ feet
 Non-Shoreland If Yes---continue If Yes---continue If Yes---continue If Yes---continue

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

not ed site of credit.

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
\$150,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: TBD	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft			<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing blade)	<input checked="" type="checkbox"/> Basement			<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for, is relevant to it) Length: **80'** Width: **28'** Height: **16'**
 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)	(<input type="checkbox"/> X)	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(28 X 52)	1456
	with Loft	(<input type="checkbox"/> X)	
	with a Porch	(<input type="checkbox"/> X)	
	with (2 nd) Porch	(<input type="checkbox"/> X)	
	with a Deck	(10 X 14)	140
	with (2 nd) Deck	(<input type="checkbox"/> X)	
	with Attached Garage	(28 X 28)	784
<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)	(<input type="checkbox"/> X)	
	Mobile Home (manufactured date) _____	(<input type="checkbox"/> X)	
	Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(<input type="checkbox"/> X)	
	Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X)	
	Feed for livestock <input type="checkbox"/>		
	Special Use: (explain) _____	(<input type="checkbox"/> X)	
	Conditional Use: (explain) _____	(<input type="checkbox"/> X)	
	Other: (explain) _____	(<input type="checkbox"/> 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 writing 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): **Steven & Darlene JoECKs** **Valerie St JoECKs** Date **4/17/15**
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

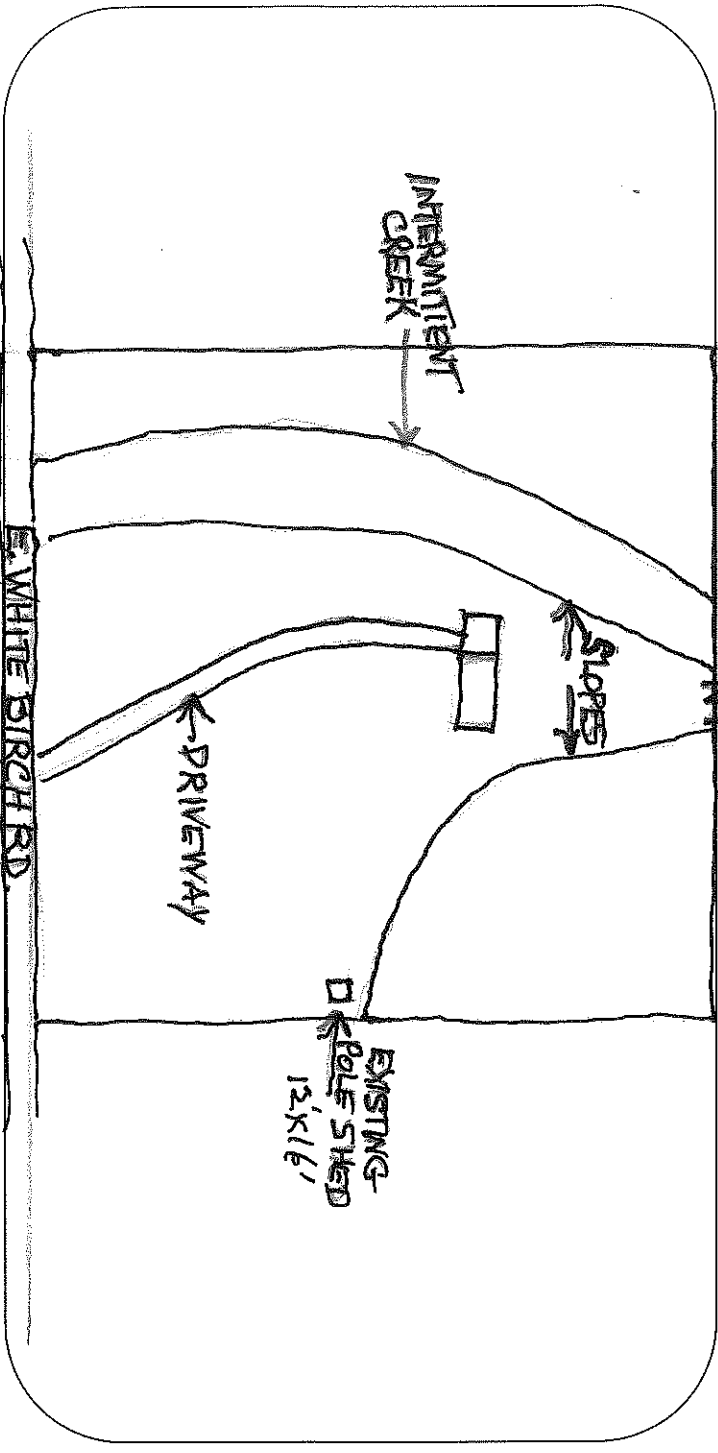
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%



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	450 Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	4-25 Feet	Setback from the River, Stream, Creek	145 Feet
Setback from the North Lot Line	175 Feet	Setback from the Bank or Bluff	25 Feet
Setback from the South Lot Line	450 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	275 Feet	Setback from 20% Slope Area	25 Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	TBD Feet	Setback to Well	TBD Feet
Setback to Drain Field	TBD Feet		
Setback to Privy (Portable, Composting) *	NA 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: 15-648	# of bedrooms: 3	Sanitary Date: 6-11-15	
Permit Denied (Date):	Reason for Denial:			Hold for Fees: <i>Hold for fees</i>	
Permit #: 15-0184	Permit Date: 6-11-15				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Previous violation by R. Schumann road	Inspected by: <i>RESURVEYED - Murphy</i>				
Inspection Date: APR 2014 - waterway does not open up to location	Zoning District: <i>Res-1</i>				
Date of Inspection: 5-20-15	Lakes Classification: <i>NA</i>				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Re-Inspection:				
UNIFORM DWELLING CODE PERMIT REQUIRED PRIOR TO COMMENCEMENT OF CONSTRUCTION					
Signature of Inspector:	Date of Approval: 5-21-15				
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		