

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
 JUL 09 2014
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 15-0191
 Date: 6-6-15
 Amount Paid: \$175 7-9-14
 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. 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: Roger & Nancy Lindgren Mailing Address: 2018 Mansfield Rd Lh Spring TX 77370 Telephone: 281 376 5408

Address of Property: 88440 Roman Point Road City/State/Zip: Cornucopia WI 54827 Call Phone: 330 719 9007

Contractor: _____ Contractor Phone: _____ Plumber: _____

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: W 1/2 N 1/2 Gov't Lot: #3 Lot(s): 0.0000 CSM: N. 9122 R. 63 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section: 32, Township: S1 N. Range: 6 W. Town of: Bevil PROPERTY OWNERS

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-010-2-51-06-32-3 41-000-20000 Recorded Document: (i.e. Property Ownership) Volume: 972 Page(s): 63

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet Are Wetlands Present? Yes No

Non-Shoreland

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

| 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 |
|--|--|--|---|--|--|---|
| \$ <u>212,900</u> | <input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property | <input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation | <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding Tank (2)</u> <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 type="checkbox"/> City <input checked="" type="checkbox"/> Well |

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 | Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached Garage | (X) (X) (X) (X) (X) (X) (X) (X) | |
| <input checked="" type="checkbox"/> Commercial Use | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | (X) | |
| <input type="checkbox"/> Municipal Use | Mobile Home (manufactured date) | (X) | |
| <input type="checkbox"/> Municipal Use | Addition/Alteration (specify) | (X) | |
| <input type="checkbox"/> Municipal Use | Accessory Building (specify) | (X) | |
| <input type="checkbox"/> Municipal Use | Accessory Building Addition/Alteration (specify) | (X) | |
| Rec'd for Issuance | Special Use: (explain) <u>Short term rental</u> | (25 X 30) | 1400 |
| JUN 16 2015 | Conditional Use: (explain) | (X) | |
| Other: (explain) | | (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.

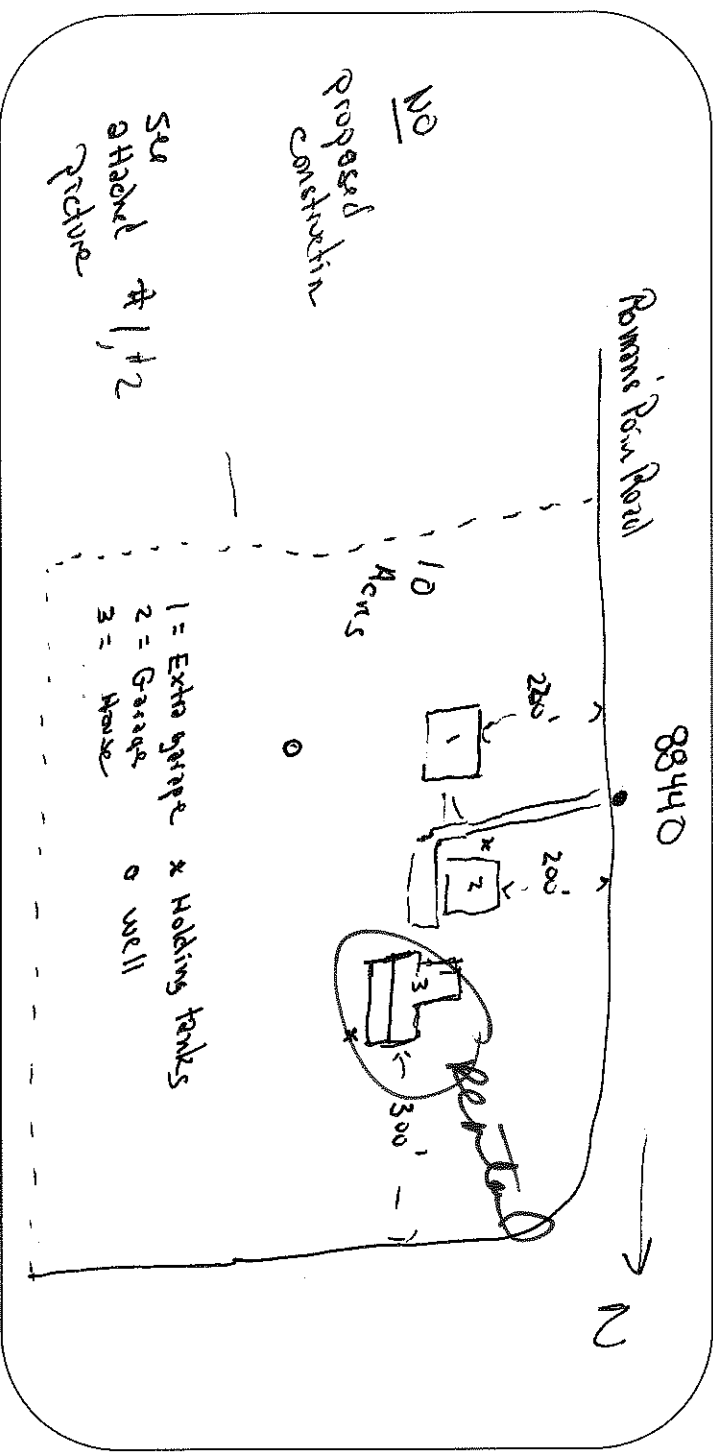
Owner(s): Roger & Nancy Lindgren Date: 7/1/14
 (If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

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: Pobox 38 Cornucopia WI 54827 Attach Copy of Tax Statement

Check 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 (*): (**) 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 | 230 Feet | Setback from the Lake (ordinary high-water mark) | N/A Feet |
| Setback from the Established Right-of-Way | 150 Feet | Setback from the River, Stream, Creek | N/A Feet |
| Setback from the North Lot Line | 254 Feet | Setback from the Bank or Bluff | N/A Feet |
| Setback from the South Lot Line | 202 Feet | Setback from Wetland | N/A Feet |
| Setback from the West Lot Line | 139 Feet | Setback from 20% Slope Area | N/A Feet |
| Setback from the East Lot Line | 334 Feet | Elevation of Floodplain | N/A Feet |
| Setback to Septic Tank or Holding Tank | 175 Feet | Setback to Well | 319 250 Feet |
| Setback to Drain Field | N/A Feet | | |
| Setback to Privy (Portable, Composting) | N/A 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 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: 08-116S | # of bedrooms: 3 | Sanitary Date: 8-13-08 |
| Permit Denied (Date): | Reason for Denial: | Permit Date: 6-16-15 | | |
| Permit #: 15-0191 | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | | Case #: | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: Building Submittal on Garage 2 on plot plan has sleeping quarters & bathroom upstairs per owner. read app for submittal. | | Inspected by: CAWABESKE-MURPHY | Date of Re-Inspection: | |
| Date of Inspection: | | | | |
| Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached. | Per TB approved - No Habitation or substandard space above garage allowed in this permit. Holding tank should be maintained per needed agreement. Health Dept. license required | | | |
| Signature of Inspector: | Date of Approval: 6-15-15 | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | |