

**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  
 Bayfield Co. Zoning Dept.  
 Date Stamp (Received)  
 JUN 18 2015

**ENTERED**  
 Admit #: 15-02288  
 Date: 7-9-15  
 Amount Paid: \$95  
 Return: 7-9-15

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.

**TYPE OF PERMIT REQUESTED:**  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Robert L. & Marguerite A. Mattson Mailing Address: 37265 South Maple Hill Rd City/State/Zip: Washburn WI 54891 Telephone: 715-373-5901

Address of Property: 37265 South Maple Hill Rd City/State/Zip: Washburn WI 54891 Cell Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ 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) ME 1/4, NW 1/4 P1N: (23 digits) 04-050-2-49-05-33-2-01-000-32000 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_

Section 33, Township 49 N, Range 05 W Town of: Washburn Lot Size \_\_\_\_\_ Acreage 4/1

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

Is Property/Land within 1000 feet of lake, Pond or Flowage  If yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet Are Wetlands Present?  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>12,000.00</u>	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Garage	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Covered</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<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"/> Compost Toilet	<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: 64' Width: 26' Height: 13'

Proposed Construction: Length: 26' Width: 28' Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/>	with Loft	( )	( )
<input checked="" type="checkbox"/>	Residential Use	( )	( )
<input type="checkbox"/>	with a Porch	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( )	( )
<input type="checkbox"/>	with Attached Garage	( )	( )
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Attached Garage</u>	( <u>26' x 38'</u> )	<u>728</u>
<input type="checkbox"/>	Accessory Building (specify) _____	( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( )	( )
<input type="checkbox"/>	Special Use: (explain) _____	( )	( )
<input type="checkbox"/>	Conditional Use: (explain) _____	( )	( )
<input type="checkbox"/>	Other: (explain) _____	( )	( )

Rec'd for Issuance JUL 02 2015

**Secretarial Staff**  
 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): [Signature] Date 6-18-15  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

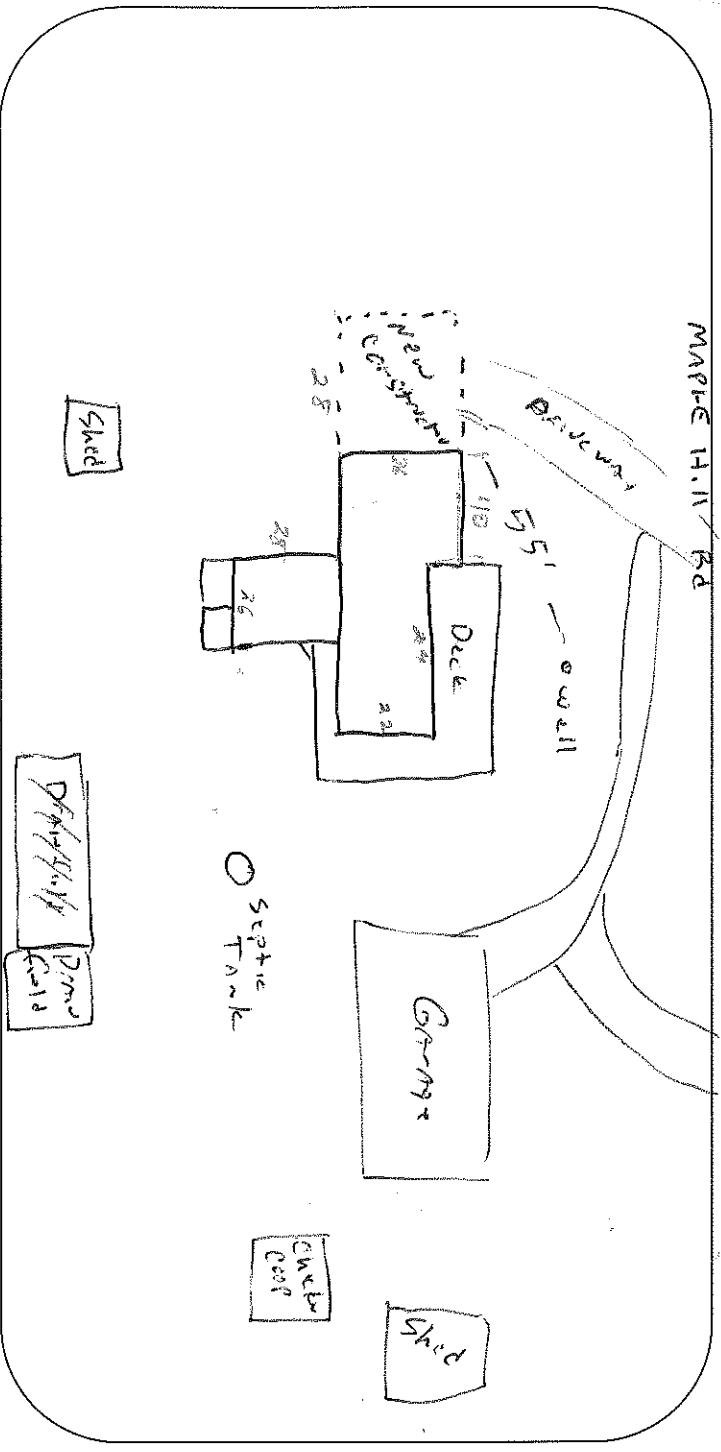
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
 (if you recently purchased the property send your Recorded Deed Copy of Tax Statement)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



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	135' Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	102' Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	1155' Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	133' Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	1390' 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	32' Feet	Setback to Well	55' Feet
Setback to Drain Field	55' 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: 69818 # of bedrooms: 3 Sanitary Date: 8-5-85

Permit Denied (Date): Reason for Denial: Permitted by: 7-2-15

Permit #: 15-0038 Permit Date: 7-2-15

Is Parcel a Sub-Standard Lot?  Yes  No (Deed of Record)  Yes  No (Fused/Contiguous lots)  No  Yes

Is Parcel In Common Ownership?  Yes  No

Is Structure Non-Conforming?  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Was Parcel Legally Created?  Yes  No

Was Proposed Building Site Delineated?  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed?  Yes  No

Inspection Record: *owner present. Purchased 132' wide strip of land from neighbor so his house + addition comes out.* (F.I.)

Date of Inspection: 7-1-15 Inspected by: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

Signature of Inspector: \_\_\_\_\_ Date of Approval: 8-7-15