

STATEMENT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 JUN 3 0 2015
 Bayfield Co. Zoning Dept.



Permit #:	15-02167
Date:	7-22-15
Amount Paid:	\$75
Refund:	2005

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: Jill Darst Mailing Address: P.O. Box 142 Iron River WI. Telephone: 715-
 Address of Property: 17070 U.S. Hwy 2 City/State/Zip: Mosher WI Cell Phone: 299-9413
 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: RES W IM U, B14 PIN: (23 digits) 04-028104609000 Recorded Document: (i.e. Property Ownership) Volume 874 Page(s) 1030373
 Legal Description: 1/4, 1/4 Gov't Lot (s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
 Section 23, Township 77N, N. Range 07 W Town of: Keystone Lot Size _____ Acreage 40

Shoreland Is Property/Land within 300 feet of River, Stream (incl. Intermitent) Creek or Landward side of Floodplain? If Yes--continue Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue Distance Structure is from Shoreline: _____ feet
 Non-Shoreland

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>2500-</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CEAN TISS</u> <input checked="" type="checkbox"/> Privy (pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 36 width: 24 Height: 16
 Proposed Construction: Length: 36 width: 10 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X ()	
<input type="checkbox"/> Addition/Alteration (specify) _____		() X ()	
<input checked="" type="checkbox"/> Accessory Building (specify) _____		() X ()	
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>2 CEAN TISS</u>		(36 X 10)	360
<input type="checkbox"/> Special Use: (explain) _____		() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	
<input type="checkbox"/> Other: (explain) _____		() X ()	

Rec'd for Issuance
 JUL 22 2015
 Secretarial Staff

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.

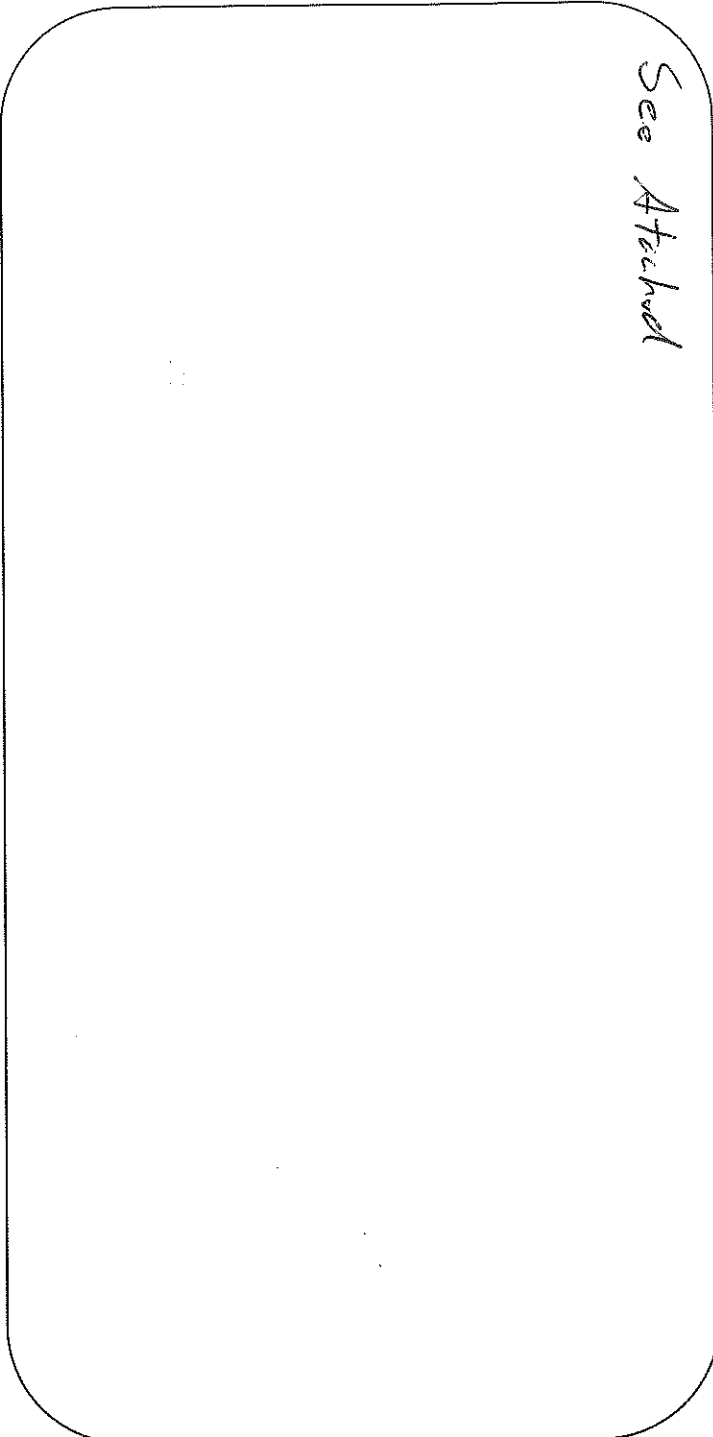
Owner(s): Jill Darst Date 06-30-15
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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

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

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

See Attached



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	150 Feet
Setback from the North Lot Line	600 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	600 Feet	Setback from Wetland	180 Feet
Setback from the West Lot Line	600 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	130 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 #: 15-02267 Permit Date: 7-22-15

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/contiguous lots) No
 Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: size of drain-fis did not change per owner 7-22-15. Inspected by: Leonard Murphy
 Zoning District (F-1)
 Lakes Classification (N/A)

Date of Inspection: 7-2-15
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 None

Signature of Inspector:
 Date of Approval: 7-22-15
 Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

- (7) Show any (*)
- (6) Show any (*)
- (5) Show:
- (4) Show:
- (3) Show Location:
- (2) Show / Indica
- Show Location

Draw or S

