

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

600 1175 = 775

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (Received)
 MAY 08 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-02103
Date:	2-21-15
Amount Paid:	\$275
Refund:	7-21-15

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: Brent Sondag
 Mailing Address: 189 POW MEA DR
 City/State/Zip: Sca Tt AFB IL
 Telephone: 618-540-942

Address of Property: LAMANT ROAD
 City/State/Zip: Bayfield, WI
 Cell Phone: 719-213-2680

Contractor: Terry Olyphant
 Contractor Phone: 715-765-4788
 Plumber: Reddingler
 Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Rocky Tribovick
 Agent Phone: 715-779-5546
 Agent Mailing Address (include City/State/Zip): 95600 White Sand Road, Bayfield, WI 54814
 Written Authorization Attached: Yes No

PROJECT LOCATION: SW 1/4, SE 1/4
 Legal Description: (Use Tax Statement)
 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Page(s):

Section 19, Township 51 N, Range 04 W
 Town of: Russell

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue If No--continue

Distance Structure is from Shoreline: 100 feet
 Distance Structure is from Shoreline: feet
 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
\$ 200,000	<input checked="" type="checkbox"/> New Construction <input 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pvt) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" 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	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with a Deck <input checked="" type="checkbox"/> with 2 nd Deck <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 type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(38 X 35) (X X) (X X) (30 X 8) (X X) (16 X 12) (14 X 11) (24 X 32) (X X) (X X) (X X) (X X)	1540 220 180 240 900
<input type="checkbox"/> Commercial Use			
<input type="checkbox"/> Municipal Use			
	Special Use: (explain)	(X X)	
	Conditional Use: (explain)	(X X)	
	Other: (explain)	(X X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including 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 this information 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.

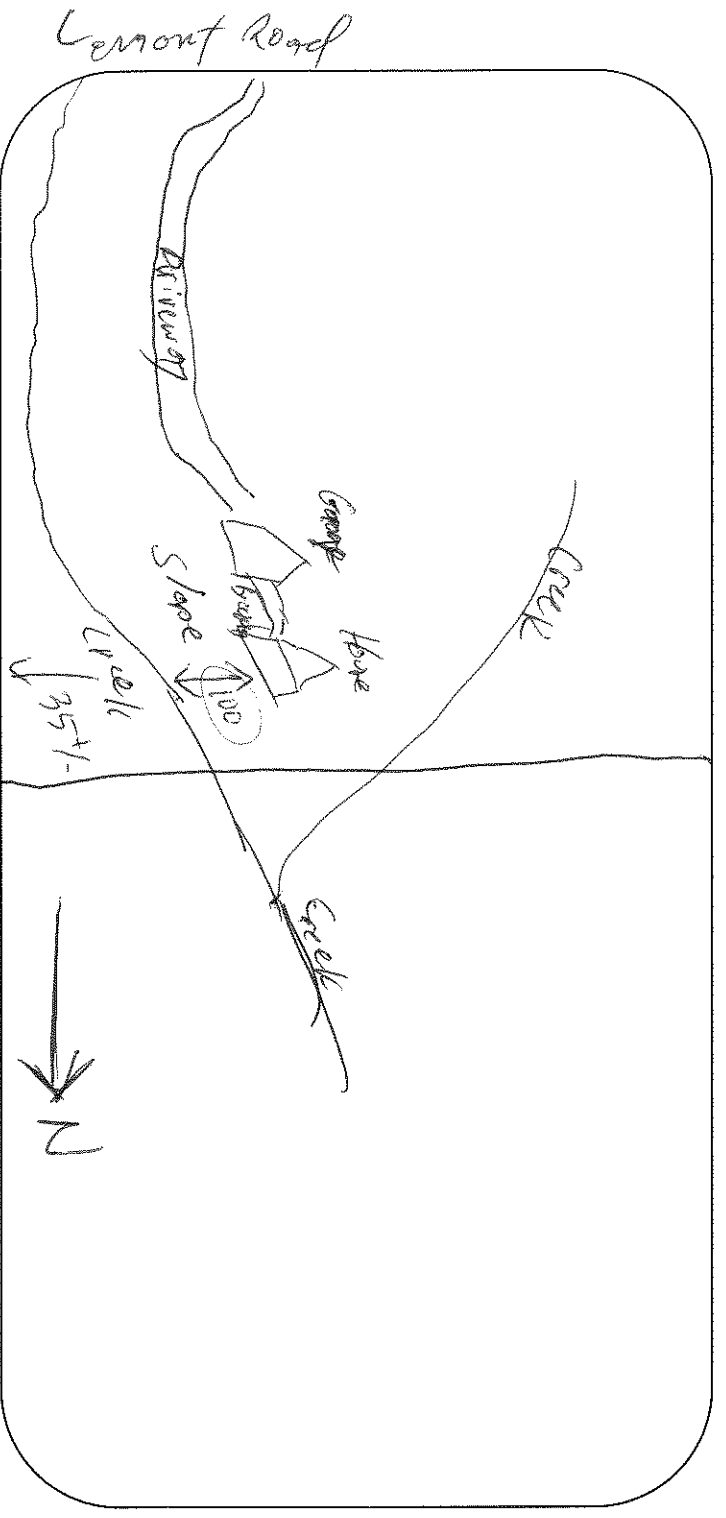
Owner(s): Brent Sondag Date: 8 May 15
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

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

Address to send permit: 189 N POW-MIA DR Sca Tt AFB IL 62225 Attach
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
 If you recently purchased the property send your Recorded Deed
 Copy of Tax Statement

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)

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	830 FT -	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100 Feet
Setback from the North Lot Line	400 FT -	Setback from the Bank or Bluff	25 Feet
Setback from the South Lot Line	830 FT - (SECTION 100)	Setback from Wetland	Feet
Setback from the West Lot Line	1,100 FT -	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	135 Feet	Setback to Well	Feet
Setback to Drain Field	135 Feet		
Setback to Privy (Portable, Composting)	135 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: 15-888 # of bedrooms: 3 Sanitary Date: 7-21-15

Permit Denied (Date): Reason for Denial:

Permit #: 15-0863 Permit Date: 7-21-15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No

Is Parcel in Common Ownership Yes No (Fused/Contiguous Lot(s)) Yes No

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspected by: CROMBORN-MURPHY

Where Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: OWNERS PRESENT TO REPRESENT PROJECT

Date of Inspection: 5-5-15 Inspected by: CROMBORN-MURPHY

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

FURTHER EXTENSION OF BUILDING SHALL BE LOCATED NO CLOSER THAN 100 FT TO NAVIGABLE CREEK + GRAVINE FOR WORK-OF-BASINMENT SHALL TERMINATE 75 FT FROM DOWN FOR MAINTENANCE

Signature of Inspector: DATE OF APPROVAL: 7-21-15

Hold For Sanitary: Hold For BA: Hold For Affidavit: Hold For Fees:

HEIGHT OF BUILDING SHALL NOT EXCEED 35 FT. 75 FT OF VEGEATATIVE BUFFER!