

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

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN

Date of Permit **ENTERED**  
**JUL 17 2015**

Permit #:	15-00974
Date:	7-27-15
Amount Paid:	\$875
Refund:	7-27-15

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 BY Bayfield Co. Zoning Dept.

**TYPE OF PERMIT REQUESTED** →  LAND USE  SANITARY  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Charles W Hilgart Mailing Address: 5903 Spartan Dr City/State/Zip: MILWAUKEE, WI 53558 Telephone: 608.213.8789

Address of Property: 9510 Mason Trail City/State/Zip: MASON, WI 54856 Cell Phone: \_\_\_\_\_

Contractor: SELF Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

**PROJECT LOCATION** Legal Description: (Use Tax Statement) N/2 PIN: (23 digits) 04-04-030-2-46-06-19-3 Recorded Deed # (i.e. Property Ownership) 2008-068-2008027

N/2 1/4, SW 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ GSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 19, Township 46 N, Range 06 W Town of MASON Lot Size \_\_\_\_\_ Acreage 46-

Shoreland →  Is Property/Land within 300 feet of River, Stream (per/intermittent) Creek or Landward side of Floodplain? N/A Distance Structure is from Shoreline: \_\_\_\_\_ feet  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Floodplain? N/A Distance Structure is from Shoreline: \_\_\_\_\_ feet  Yes  No

Non-Shoreland

Value at Time of Completion \*include donated time & material \$19000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" 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	<input checked="" type="checkbox"/> Sewer
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>GRINDIC</u>	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structures: (if permit being applied for is relevant to it) 7 on the west Length: 24' Width: 24' Height: \_\_\_\_\_

Proposed Construction: \_\_\_\_\_ Length: 24' Width: 24' Height: \_\_\_\_\_

It was found when I bought property

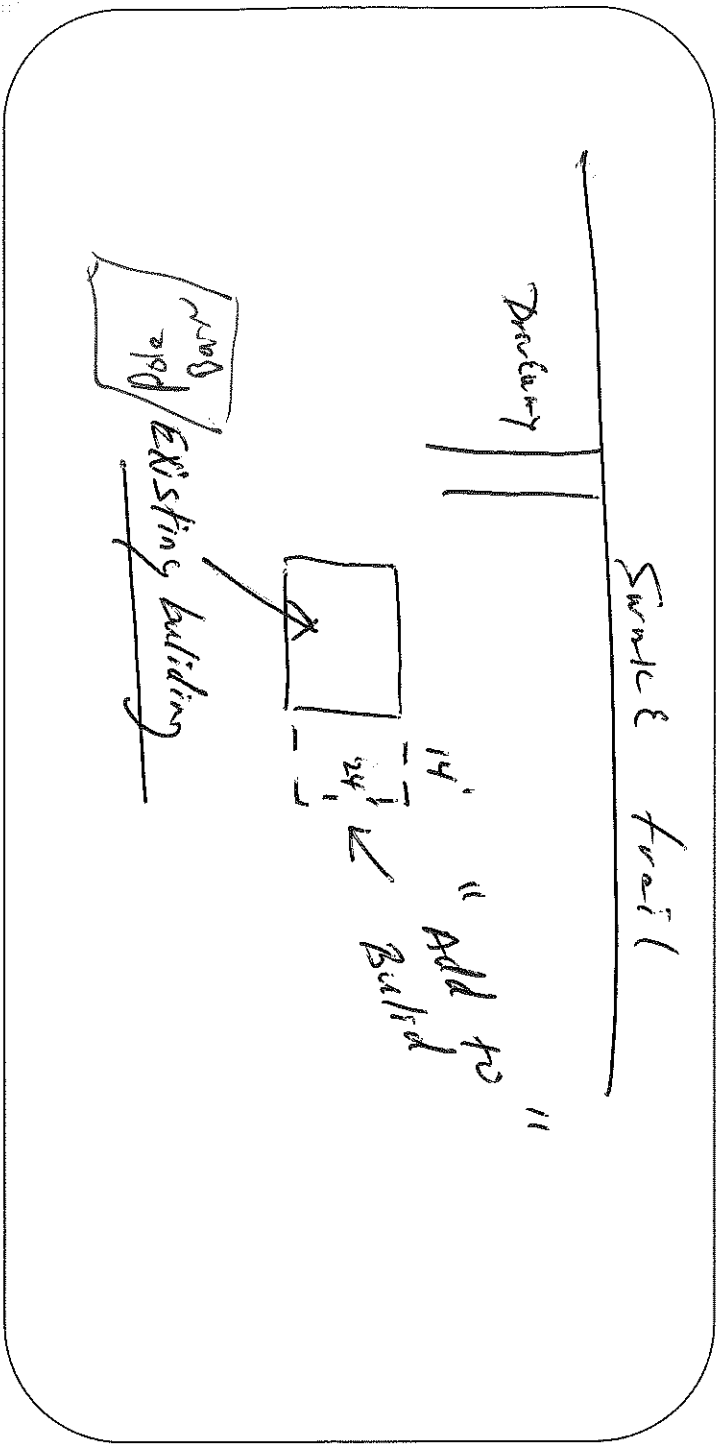
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	( )
<input type="checkbox"/>	with Loft	( ) X ( )	( )
<input type="checkbox"/>	with a Porch	( ) X ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( ) X ( )	( )
<input type="checkbox"/>	with a Deck	( ) X ( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( ) X ( )	( )
<input type="checkbox"/>	with Attached Garage	( ) X ( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities )	( ) X ( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date) _____	( ) X ( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>14' x 24' add to CURS</u>	( 14 X 24 )	336
<input type="checkbox"/>	Accessory Building (specify) _____	( ) X ( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	( )
<input type="checkbox"/>	Municipal Use	( ) X ( )	( )
<input type="checkbox"/>	Rec'd for Issuance	( ) X ( )	( )
<input type="checkbox"/>	Special Use: (explain) _____	( ) X ( )	( )
<input type="checkbox"/>	Conditional Use: (explain) _____	( ) X ( )	( )
<input type="checkbox"/>	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): Charles W Hilgart Date 7-19-15  
 (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) Attach \_\_\_\_\_  
 Address to send permit \_\_\_\_\_ Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

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	140	Setback from the Lake (ordinary high-water mark)	NA
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	100	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	240	Setback from Wetland	NA
Setback from the West Lot Line	1120	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	29	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	NA	Setback to Well	NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	50		

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0874	Permit Date: 7-27-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel In Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<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 #:	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	Address: 15 Shovel + Oak			
Date of Inspection: 7/14	Inspected by: J. P. Kelly	Zoning District: (P1)	Lakes Classification: ( )	Date of Re-Inspection: ( )
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Signature of Inspector: J. P. Kelly	Hold For Sanitary: <input type="checkbox"/>	Hold For TR: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
Date of Approval: 7/27/15				