

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 22 2015
 PERMITS OFFICE HRS

ENTERED

Permit #:	45-0889
Date:	8-4-15
Amount Paid:	\$100
Refund:	8-4-15

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: Allen L Schirm Mailing Address: 6500 Montague Ct. McLean, VA 22101 Telephone: 703-917-8558

Address of Property: 7250 Quarry Shores Rd City/State/Zip: Port Wing, WI 54865 Cell Phone: 703-300-5729

Contractor: Korvad Gauger Contractor Phone: 715-774-3585 Plumber: Plumber Plumber 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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 243 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. 1300 Subdivision: 1077 Recorded Document: (i.e. Property Ownership) Volume 1077 Page(s) 1000

Section S20, Township T20N, N. Range R08 W Port Wing Town of: Port Wing Lot Size 7.06 Acreage

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? to shoreline Distance Structure is from Shoreline: to shoreline feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes--continue Distance Structure is from Shoreline: if yes--continue 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
\$ 3000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input 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 type="checkbox"/> Specify Type: <u>HT</u>
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Specify Type: <u>HT</u>
	<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 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"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<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: 40' Width: 4' Height: Height:

Proposed Construction: Length: 40' Width: 4' Height: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	(X)
	Residence (i.e. cabin, hunting shack, etc.)	(X)	(X)
	with Loft	(X)	(X)
	with a Porch	(X)	(X)
	with (2 nd) Porch	(X)	(X)
	with a Deck	(X)	(X)
	with (2 nd) Deck	(X)	(X)
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	(X)
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	(X)
	Mobile Home (manufactured date)	(X)	(X)
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	(X)
	Accessory Building (specify)	(X)	(X)
	Accessory Building Addition/Alteration (specify)	(X)	(X)
	Rec'd for Issuance	(X)	(X)
	AUG 04 2015	(40 x 4)	160
	Secretarial Staff	(X)	(X)
	Special Use: (explain) <u>STARBUCKS TO TAKE</u>	(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 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 reasonable time for the purpose of inspection.

Owner(s): Allen L Schirm Date 7/22/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

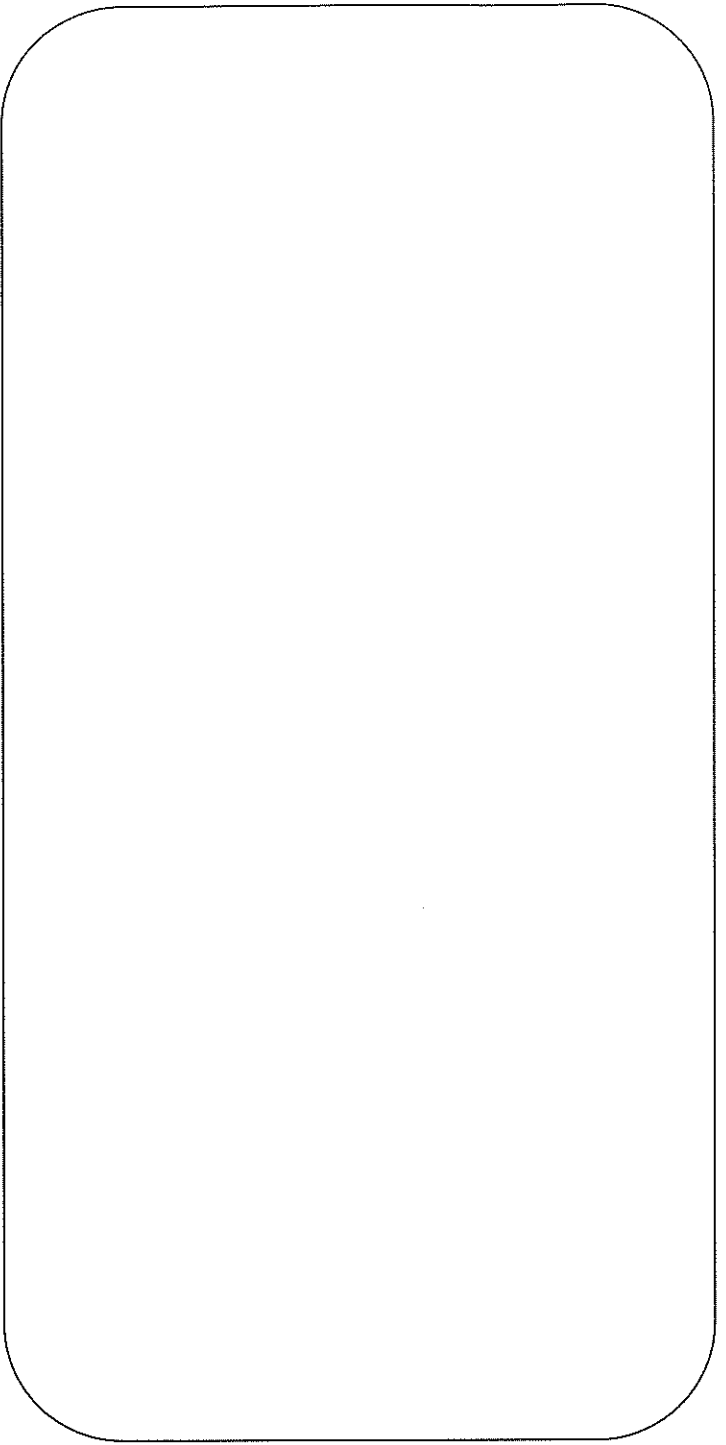
Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____

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	50 FT Feet	Setback from the Lake (ordinary high-water mark)	70 Lake Feet
Setback from the Established Right-of-Way	50 FT Feet	Setback from the River Stream Creek	NA Feet
Setback from the North Lot Line		Setback from the Bank or Bluff	On bank Feet
Setback from the South Lot Line	50 FT Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	50 FT Feet	20% Slope Area on property	□ Yes □ No
Setback from the East Lot Line	18 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 FT Feet	Setback to Well	50 FT 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 #: 15-00889	Permit Date: 8-4-15				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/contiguous Lots) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:		
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not for this	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:					
Date of Inspection: 8-3-15	Inspected by: J. Cresswell	Zoning District: (R-1)		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) EXISTING DISTANCES + SHORELAND VEGETATION REMOVAL SHALL BE MINIMIZED DURING CONSTRUCTION. STAIRWAY SHALL BE NO WIDER THAN 4 FT WIDE. STAIR BE INCONSPICUOUSLY COVERED. ANY HANDRAILS SHALL BE NO GREATER THAN 40 FT. WIDE.					
Signature of Inspector:					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 8-3-15	

(9)
(5)
(4)
(3)
(2)
(1)

Bayfield County GIS
 X: 682441.64 Y: 529310.02
 Current Action: Select by Point

Parcel Search
 Features Selected: 1
 7250 QUARRY SHORE RD
 STRIPPLNO: 04042250083020500213000

04042250083020500213000
 04042250083020500214000
 04042250083020500310000

Port Wing
 QUARRY SHORE RD
 QUARRY SHORE RD

30m
 100ft

Current Users
 Land Records