

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
 AUG 03 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0899
 Date: 8-11-15
 Amount Paid: \$95
 Refund: 8-11-15

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Rodger or Terry Child Mailing Address: 26275 Freedom Valley Dr. Washburn WI 54891 Telephone: 715-209-3854

Address of Property: 26275 Freedom Valley Dr. 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: 1/4, _____ 1/4 Legal Description: (Use Tax Statement) 04-08-2-19-05-17-3-00-338-28000 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section: Sw-W 17 Township 49 N. Range 05 W Top of: Bayview Lot Size _____ Acreage 2.96

Shoreland Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes No

Distance Structure is from Shoreline: _____ 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
\$ 12500	<input 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"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV. privy</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input 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	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) <u>Garage</u>	(24 X 24)	576
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) _____	() X ()	()
<input type="checkbox"/> Municipal Use			

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): Rodger Child Terry Child Date: 8-3-15

(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: 26275 Freedom Valley Dr Washburn

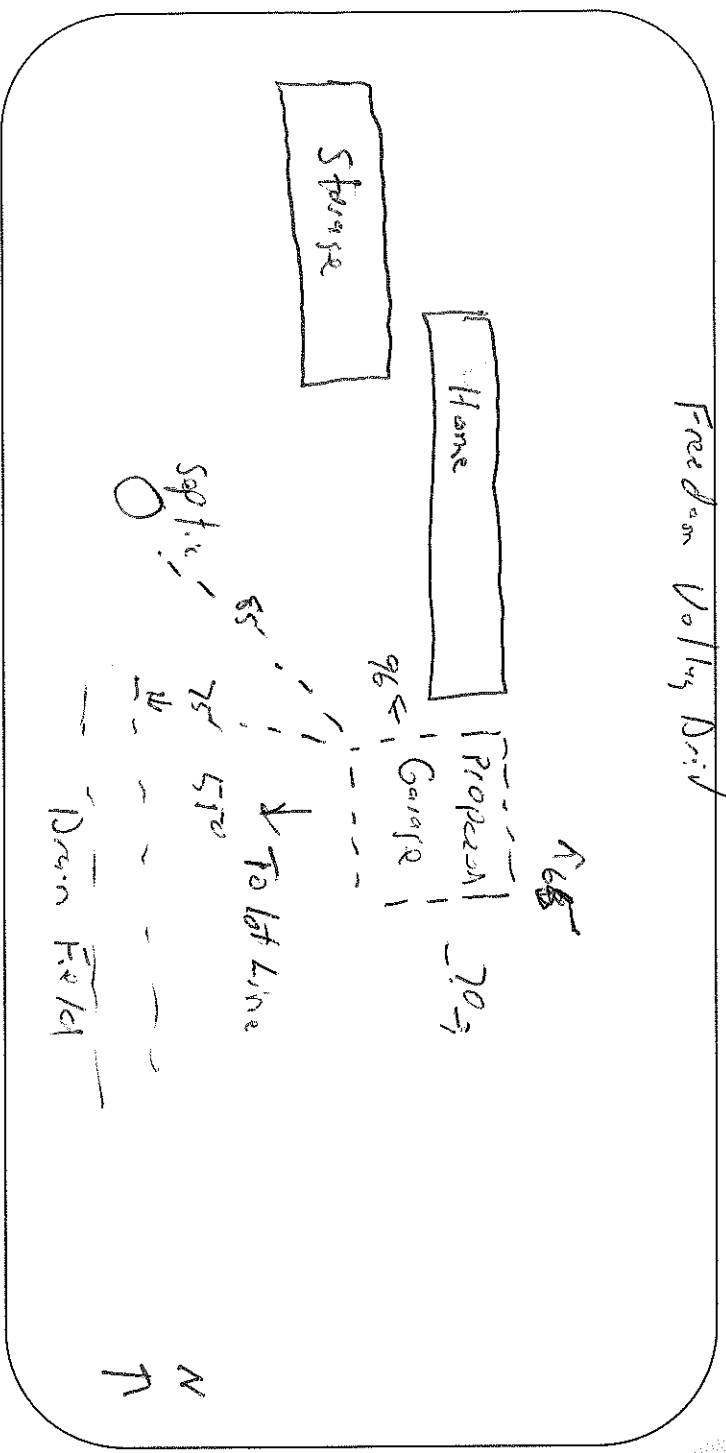
Copy of Tax Statement Attached

If you recently purchased the property send your Recorded Deed

FIELD OFFICE
ALHAI
LOCATED IN
R. S. N. N.

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	68	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	68	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	550	Setback from Wetland	Feet
Setback from the West Lot Line	96	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	70	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	85	Setback to Well	Feet
Setback to Drain Field	75		
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 or marked by a licensed surveyor at the owner's expense.
 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.

11-0263
13-0134

(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: 10-805 Reason for Denial: # of bedrooms: 2 Sanitary Date: 8-19-10

Permit Denied (Date): Permit Date: 8-11-15

Permit #: 15-0899

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No (If No they need to be attached.)
 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 #:
 Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No
 Inspection Record: site staked.

Were Property Lines Represented by Owner Was Property Surveyed Yes No
 Affidavit Required Yes No
 Affidavit Attached Yes No

Date of Inspection: 8-16-15 Inspected by: D. ROONEY, MURPHY
 Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
 ALL PORTION OF BUILDING, INCLUDING EYE, SHALL BE LOCATED AT LEAST 63 FT FROM CENTER OF PLATTED RIGHT OF WAY (EASEMENT ROAD)
 NO ACCESSARY STRUCTURE SHALL BE USED FOR SLEEPING PURPOSES UNLESS CHANGE OF USE + UDC PERMIT APPROVED.
 Signature of Inspector: Date of Approval: 8-11-15

Zoning District: R-12B
 Lakes Classification: NA

Hold For Sanitary: Hold For IBA: Hold For Affidavit: Hold For Fees:

ACCESSORY SHALL BE MINIMUM 5 FT FROM RESIDENCE.

@ October 2013