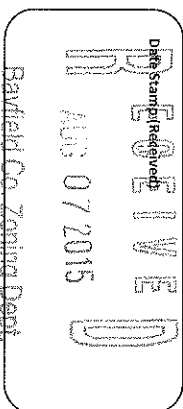


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



ENTERED

Permit #:	15-0304
Date:	8-14-15
Amount Paid:	\$75
Refund:	8-14-15

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.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Nathan Hilton Mailing Address: 3907 Summit Rd. Ashland, WI 54806 Telephone: 5486

Address of Property: 28085 Becker Rd. City/State/Zip: W.I. 54856 Cellphone: 715-292-2120

Contractor: Self Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: NW 1/4, SW 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 10, Township 46 N, Range 06 W Town of: Wisconsin Lot Size 330x150 Acreage 5.0

Legal Description: (Use Tax Statement) Pin: (23 digits) (233388) 02-000-20000 Recorded Document (i.e. Property Ownership) Volume 809 Page(s) 195

Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet If yes---continue Non-Shoreland

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
\$6,700.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input 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 checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<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>holding</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<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"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 28 Width: 12 Height: 8

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 checked="" type="checkbox"/> Residential Use	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	() X ()	
	with Attached Garage	() X ()	
	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 ()	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) <u>Storage shed on stairs</u>	(12 X 28)	336
	Accessory Building Addition/Alteration (specify) _____	() X ()	
	Special Use: (explain) _____	() X ()	
	Conditional Use: (explain) _____	() X ()	
	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.

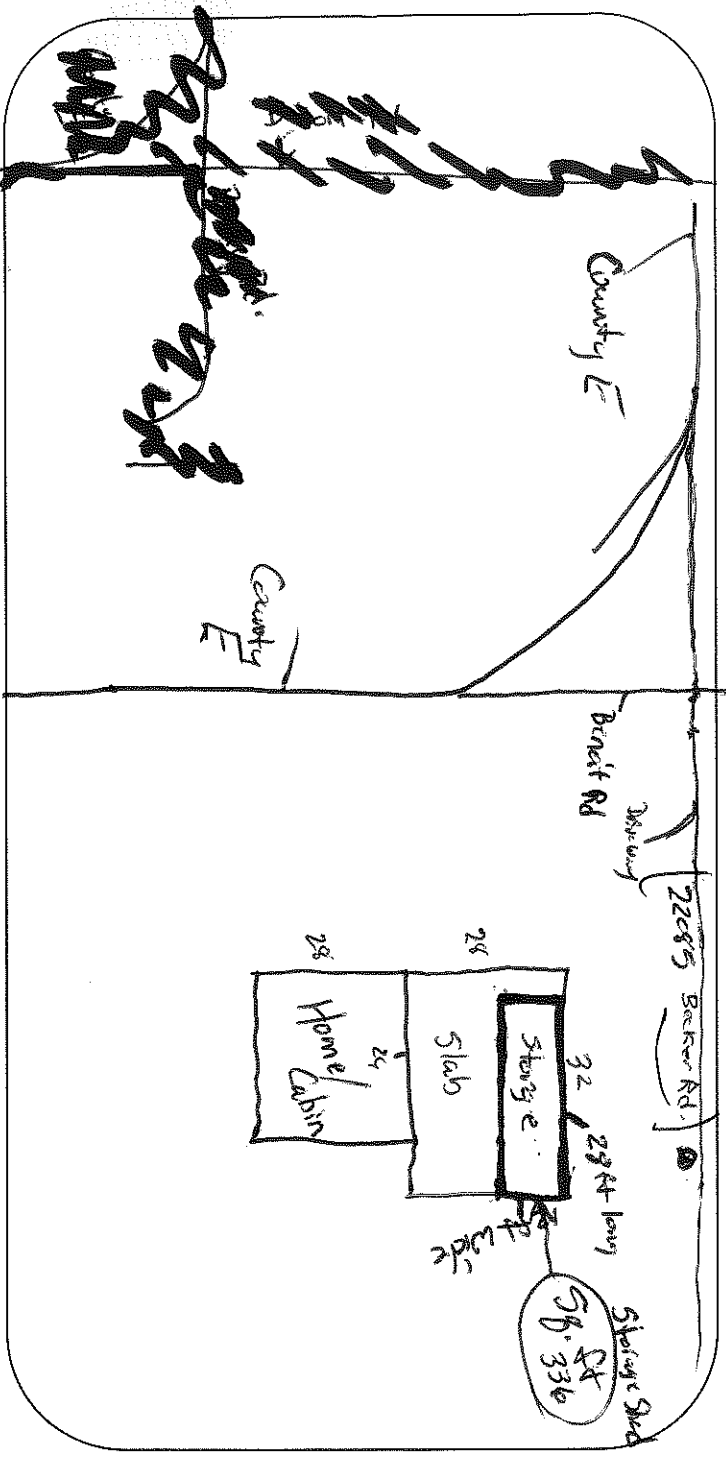
Owner(s): Nathan Hilton Date: 7-24-15
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 _____
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

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

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



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	Survey Measurement	Description	Measurement
Setback from the Centerline of Platted Road	46	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	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	139	Setback from Wetland	Feet
Setback from the West Lot Line	142	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	136	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	49	Setback to Well	50 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 15-0304 Permit Date: 8-14-15

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership 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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Rec'd: 8/13/15 TAKEN TO MAKE LIKE TOWN SHOW SAT ROAD IS NOT MARKED BY TOWN
 Inspected by: Shashy Zoning District: (191)
 Date of Inspection: _____ Date of Re-Inspection: _____

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

Signature of Inspector: Shashy Date of Approval: 8/19/15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

He was told road setback 63' or 30' r-o-l. He said he discussed that with Josh -- prior to applying because its measurable