

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  
 AUG 21 2015  
 Bayfield Co. Zoning Dept.

Permit #:	15-035X
Date:	9-3-15
Amount Paid:	\$ 75
Refund:	9-3-15

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: MARK SCANDLON Mailing Address: 6440 LAKE AHMECK, IDARVILLE WI 54847 Telephone: 715 372-5815

Address of Property: 6440 LAKE AHMECK RD. City/State/Zip: IDARVILLE WI, 54847 Cell Phone: \_\_\_\_\_

Contractor: GARY LAFORTE Contractor Phone: 715-590-3858 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: SW 1/4, SW 1/4 Gov't Lot 4 Lot(s) 4 CSM 376.980 Vol & Page 98, 1605 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section 25, Township 47 N, Range 9 W Town of: WAGES Lot Size 2 PAR. Acreage 2.460

Legal Description: (Use Tax Statement) PIN: (23 digits) 04-022-2-47-09-25-205-004.0000 Recorded Document: (i.e. Property Ownership) Volume 281 Page(s) 119

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If Yes--continue  If Yes--continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes--continue  If Yes--continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet

Distance Structure is from Shoreline: 250 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
\$ <u>0</u>	<input 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 Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> GARPORT	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

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

Proposed Construction: Length: 36' Width: 14' Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) ( )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
	<input type="checkbox"/> with Loft	( ) ( )	( )
	<input type="checkbox"/> with a Porch	( ) ( )	( )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( ) ( )	( )
	<input type="checkbox"/> with a Deck	( ) ( )	( )
	<input type="checkbox"/> with Attached Garage	( ) ( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( ) ( )	( )
	<input type="checkbox"/> Addition/Alteration (specify) _____	( ) ( )	( )
	<input type="checkbox"/> Accessory Building (specify) <u>Garport</u>	( <u>36</u> x <u>14</u> )	( <u>504 sq'</u> )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( ) ( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	( ) ( )	( )
	<input type="checkbox"/> Conditional Use: (explain) _____	( ) ( )	( )
	<input checked="" type="checkbox"/> Other: (explain) <u>PARK MODEL HOME UNDER</u>	( ) ( )	( )

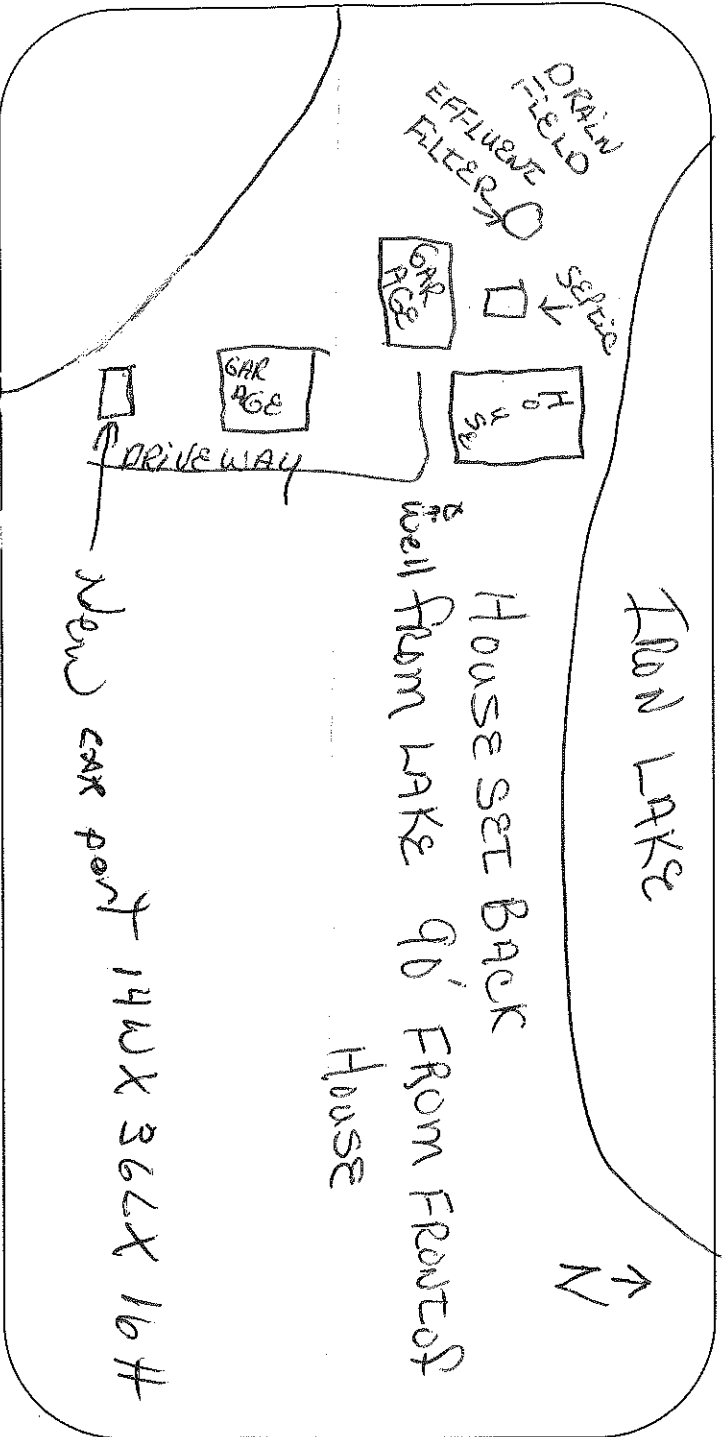
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I/we acknowledge that I/we am (are) responsible for the detail and accuracy of all information I/we and I/we 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 and I/we 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): Mark Scandlon Beth Ann Scandlon Date 8-15-15  
 If there are additional Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application

Approved Agent: \_\_\_\_\_ Date \_\_\_\_\_ Attach \_\_\_\_\_  
 If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.  
 If you recently purchased the property send your Recorded Deed Copy of Tax Statement

Now: 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	180 Feet	Setback from the Lake (ordinary high-water mark)	250 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River/Stream/Creek	Feet
Setback from the North Lot Line	250 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	175 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO
Setback from the East Lot Line	60 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	175 Feet	Setback to Well	110 Feet
Setback to Drain Field	175 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.

01-0379 ~~XXXX~~ 108 591  
 01-2617 ~~XXXX~~ 344 591  
 03-0194 ~~XXXX~~ 880 589  
 (g) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  
 All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 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 #: 15-03320	Permit Date: 9-3-15						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(-used/Contiguous Lot(s))	None	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<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 #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: IMPROVED SURFACE AT ROAD WHERE CARPORT WAS BEING CONSTRUCTED. ALL SURFACE ON PROPERTY 7-10 5288 (R-1) ZONING DISTRICT CLASSIFICATION. INSPECTED BY: TERRY BAKER, PLANNING & ZONING DEPT. DATE OF RE-INSPECTION: 9-3-15.							
Condition(s) Imposed, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Building shall meet all applicable setbacks & shall not be used for human habitation.							
Signature of Applicant:	Signature of Official:	Date of Approval:					
		9-3-15					