

**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  
 DEC 22 2014  
 Bayfield Co. Zoning Dept.

**ENTRANCE** Permit #: 15-0330  
 Date: 9-1-15 ATE  
 Amount Paid: 12,500 principal  
ISSUED SEP 15  
 Refund: \_\_\_\_\_

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: MARK & ELISE WOOD Mailing Address: 535 CRESS CREEK CT. CRYSTAL LAKE, IL 60014 Telephone: 815-451-4059

Address of Property: 76185 PAULSON Rd City/State/Zip: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Contractor: SELF Authorized Agent: \_\_\_\_\_ Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

PROJECT LOCATION: NE 1/4, SW 1/4 Legal Description: (Use Tax Statement) 04-050-2-49-05-32-30/1000- PIN: (23 digits) 10000 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Volume \_\_\_\_\_ Pages: \_\_\_\_\_

Section 32, Township 49 N, Range 05 W Town of: WASHBURN Lot Size \_\_\_\_\_ Acres 40

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  If yes...continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yes...continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet Are Wetlands Present?  Yes  No

Value at Time of Completion <small>* include donated time &amp; material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$ 45,000</u>	<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 checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<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"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input checked="" 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 type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

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

Proposed Construction: Length: 36' Width: 28' Height: 20'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	<u>28 X 36</u>	<u>1008</u>
	Residence (i.e. cabin, hunting shack, etc.)		
	with Loft		
	with a Porch		
	with (2 <sup>nd</sup> ) Porch		
	with a Deck		
	with (2 <sup>nd</sup> ) Deck		
<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)		
	Mobile Home (manufactured date)		
	Addition/Alteration (specify)		
	Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
	Special Use: (explain)		
	Conditional Use: (explain)		
	Other: (explain)		

**SPECIAL USE PERMIT**

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): Michael Wood Date 12/14/2014

(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 535 CRESS CREEK CT, CRYSTAL LAKE, IL 60014 Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed



# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



RECEIVED

DEC 01 2014

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)	Soil Test No: <b>40-15</b>	County Permit No: <b>15-0321</b>
---	----------------------------	----------------------------------

Property Owner's Name <b>MARK &amp; ELISE WOOD</b>	County: <b>Bayfield</b>
---	-------------------------

Address of Property <b>76185 PAULSON ROAD</b>	Property Location: <b>NE 1/4 SW 1/4, S 32 T 49 N, R 5</b> E (or <b>W</b> )
--	---

Property Owner's Mailing Address <b>535 CRESS CREEK CT.</b>	Township <b>Washburn</b>	Gov. Lot #:
--	-----------------------------	-------------

City, State <b>CRYSTAL LAKE, IL</b>	Zip Code <b>60014</b>	Phone Number <b>815-451-4059</b>	Lot #	Block #:	Subdivision Name or CSM #:
--	--------------------------	-------------------------------------	-------	----------	----------------------------

<b>II. TYPE OF BUILDING:</b> (Check One) <input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____	Parcel ID Tax Number(s): <b>10000</b> <b>04-050-2-49-05-32-3 01-000-<del>4000</del></b>
--	---

<b>III. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)	
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor  1. <input type="checkbox"/> Reconnection      2. <input type="checkbox"/> Repair      3. <input type="checkbox"/> Revision      ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)	B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> _____

<b>IV. TYPE OF NON-PLUMBING SYSTEM:</b> (Check One) * Replacements need previous permit number and date filled out above	
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards)	<input type="checkbox"/> Portable Privy ( <b>Temporary Use Only</b> ) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet

<b>V. ABSORPTION SYSTEM INFORMATION:</b>						
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)

<b>VI. TANK INFORMATION:</b>	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank											
Lift Pump Tank / Siphon Chamber											

<b>VII. RESPONSIBILITY STATEMENT:</b>		
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.		
Plumber's / Owner's Name: (Print) <b>MARK M. WOOD</b>	Plumber's / Owner's Signature: (No Stamps) <i>M. Wood</i>	MP/MPSRW No:

Plumber's Address: (Street, City State, Zip Code) <b>535 CRESS CREEK CT, CRYSTAL LAKE, IL 60014</b>	Home Phone: <b>815-451-4059</b>	Business Phone: <b>SAME</b>
--	------------------------------------	--------------------------------

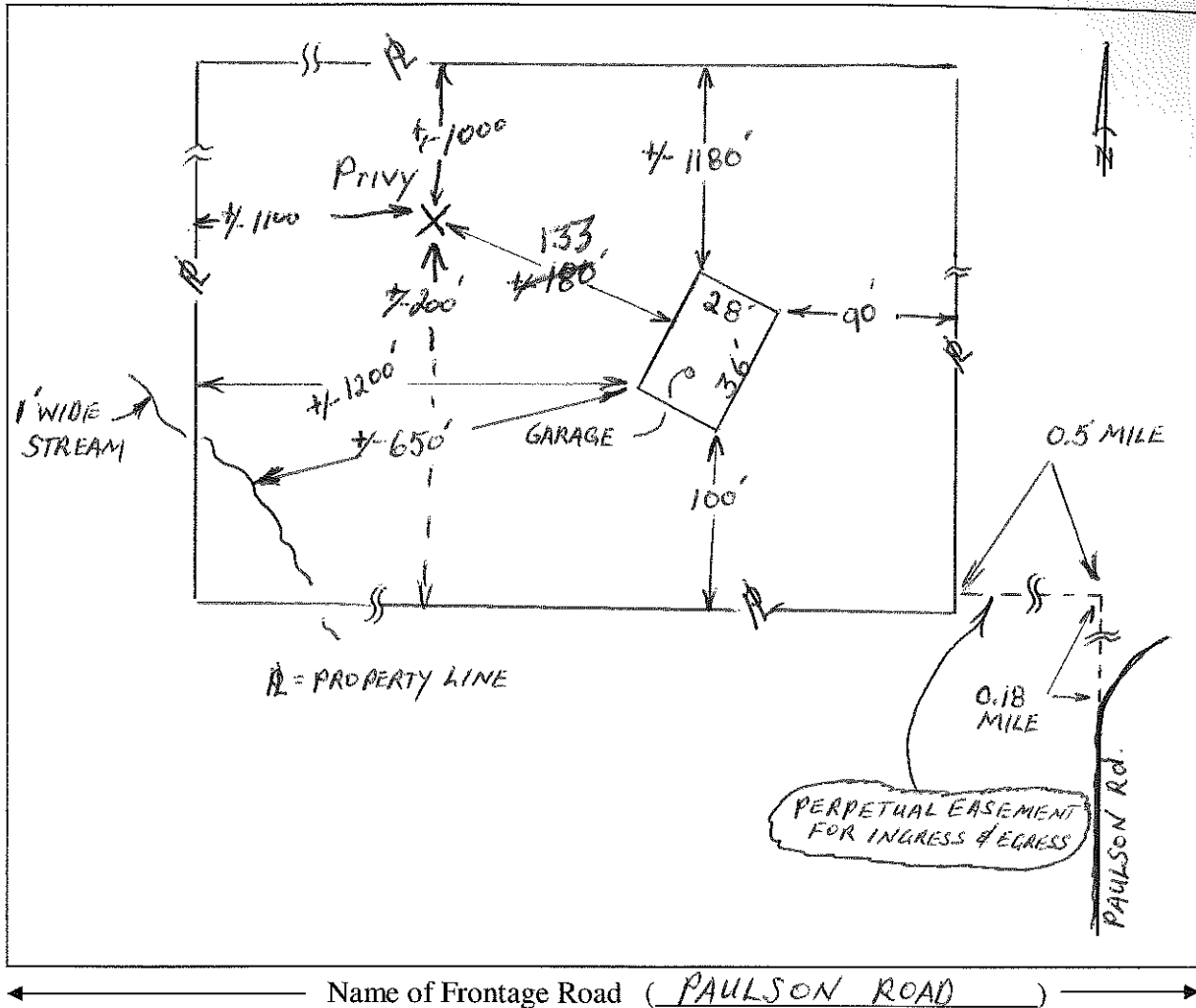
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>				
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: <b>\$300 12-1-14</b>	Date Issued: <b>9-1-15</b>	Issuing Agent's Signature / Date: <i>[Signature]</i> <b>10/3/20</b>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>	
<b>PRIVY SHALL BE MAINTAINED PER AGREEMENT.</b>	<b>RECORDED</b>

Rec'd for Issuance  
  
**AUG 31 2015**  
  
 Secretarial Staff

Soil Boring Required! (ATF) 150. + 150 = 300.

Lot Line



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 COMPLETELY**

- |   |   |
|---|---|
| a. Building to all lot lines                            | i. Privy to building                          |
| b. Building to centerline of road                       | j. Privy to lake, river, stream or pond       |
| c. Building to lake, river, stream or pond              | k. Drain field to closest lot line            |
| d. Septic / holding tank to closest lot line            | l. Drain field to building                    |
| e. Septic / holding tank to building                    | m. Drain field to well                        |
| f. Septic / holding tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building                           |
| h. Privy to closest lot line                            |   |