

STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 558
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
RECEIVED
 Date Stamp (Required)
 SEP 02 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0339
Date:	9-11-15
Amount Paid:	\$175
Refund:	9-11-15

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

Owner's Name: Today's Melissa Estain Mailing Address: 30599 Highway 137 Ashland, WI 54806 Telephone: 715-392-5627

Address of Property: 28395 Hwy 6 City/State/Zip: ASHLAND, WI 54806 Cell Phone: 715-293-5622

Contractor: Andy Estain Contractor Phone: 715-378-5622 Plumber: Superior Plumbing Ed R Plumber Phone: 715-378-3454

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-378-5622 Superior Plumbing Ed R Agent Mailing Address (include City/State/Zip): 715-378-3454 Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, NE 1/4 Legal Description: (Use Tax Statement) Gov't Lot 1, CSM 1938 1/253-294 Lot(s) No. 1 Block(s) No. 1 Subdivision: 160' x 160' Acreage 29.37

Section 3, Township 47 N, Range 5 W Town of: Ellen Lot Size 160' x 160' Acreage 29.37

Shoreland Non Shoreland

Is Property/Land within 300 feet of River, Stream (find intermittent) Creek or Landward side of Floodplain? NO STRUCTURE PROPOSED ON THIS PROPERTY Distance Structure is from Shoreline: NO STRUCTURE feet Is Property in Floodplain Zone? NO Are Wetlands Present? NO

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue NO Distance Structure is from Shoreline: NO feet No Yes

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?
\$10,000 \$8,000 provision 9-11-15	<input checked="" 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"/> 2-Story	<input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Seasonal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Municipal/City <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>ASPHALT</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet
					<input checked="" type="checkbox"/> Sewer <input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if built 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)	() ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	() ()	()
	with (2 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () 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) <u>DRIVEWAY</u>	() ()	()

Rec'd for Issuance: SEP 11 2015

Secretarial Staff: SECRETARIAL

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 in and 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): Melissa Estain Date 9-2-15

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

Authorized Agent: Melissa Estain Date _____

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

Address to send permit: _____ Attach _____

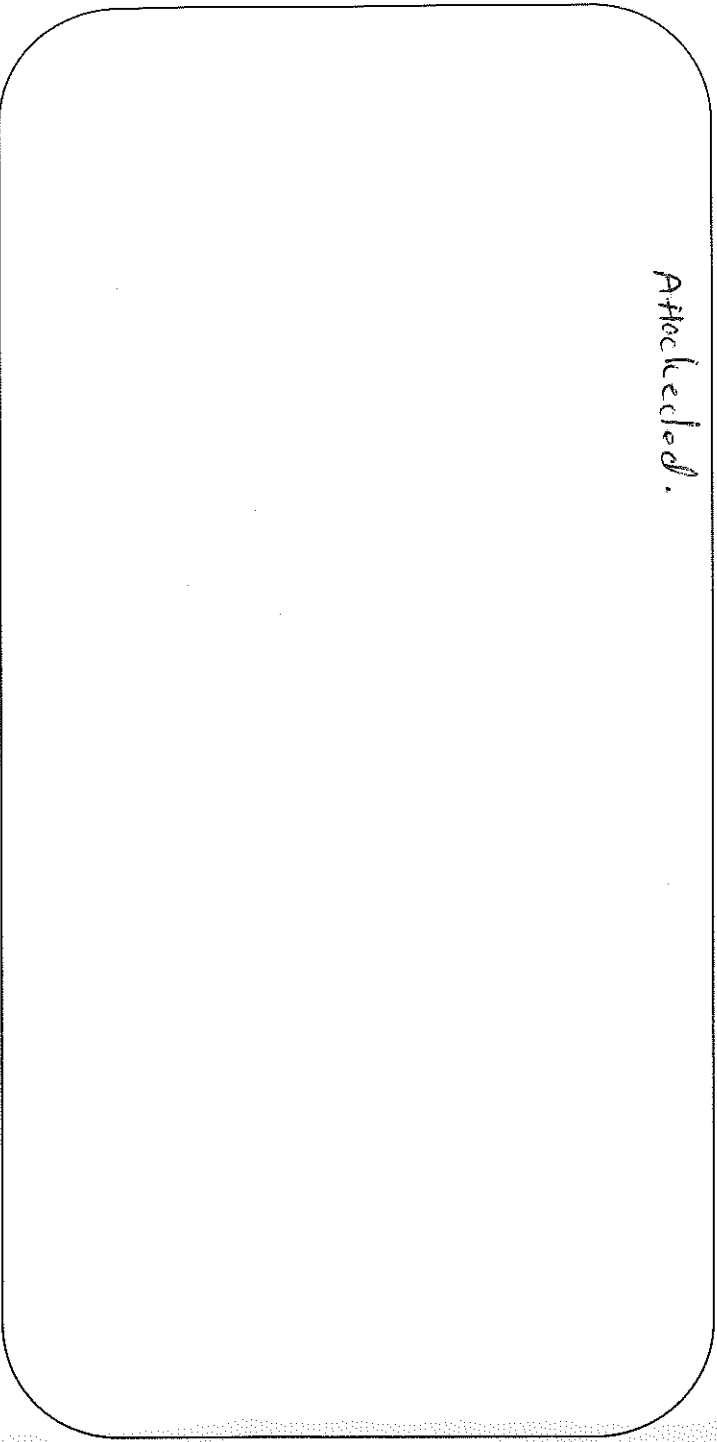
Copy of Tax Statement _____ If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: 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%

Attached below.



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	Feet	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	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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.

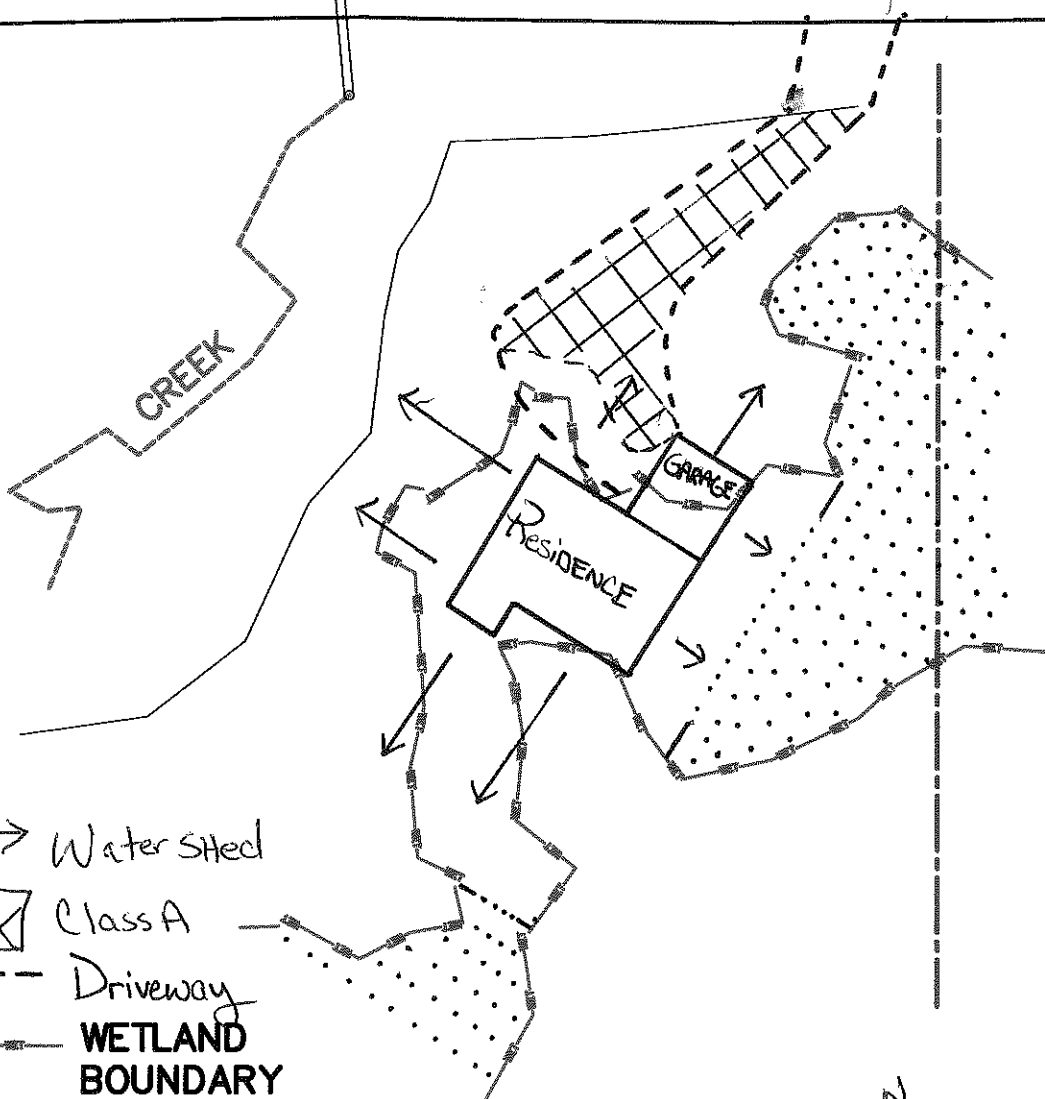
Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>15 08389</u>	Permit Date: <u>9-11-15</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
<input type="checkbox"/> Was Parcel Legally Created <input 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 type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> No
Inspection Record: <u>General inspection in 2015 - OK</u>	Inspected by: <u>J. CEDRON BOBE, Murphy</u>	Zoning District: <u>(R-1)</u>	Lakes Classification: <u>(3-RVR)</u>	Date of Re-Inspection: <u>over</u>
Date of inspection: <u>9-9-15</u>				
Condition(s): Town, Committee of Board conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)				
BEST MANAGEMENT PRACTICE FOR STORM AND CATCHMENT CAPACITY SHALL BE MAINTAINED INCLUDING BUT NOT LIMITED TO CONCRETE TO AVOID SPILLER SITUATION IN WETLANDS OR WATERWAY. SUFFICIENT AMOUNT OF TREE CROWN BE EXPOSED FOR STORM BEST PRACTICE. STORM DRAINAGE SHALL OCCUR IN SLOPE TOWARD WATERWAY.				
Signature of Inspector: <u>[Signature]</u>				
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: <u>9-11-15</u>

THE STORM AND WETLANDS PROTECTION AREA (SDPTA) SHALL BE MAINTAINED INCLUDING BUT NOT LIMITED TO CONCRETE TO AVOID SPILLER SITUATION IN WETLANDS OR WATERWAY. SUFFICIENT AMOUNT OF TREE CROWN BE EXPOSED FOR STORM BEST PRACTICE. STORM DRAINAGE SHALL OCCUR IN SLOPE TOWARD WATERWAY. 20% OR GREATER. NO GRADING OR LAND DISTURBANCE ALLOWED IN ANY WETLANDS.

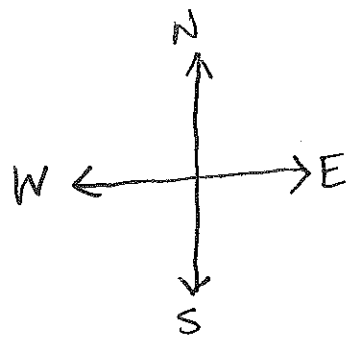
Driveway Special Permit Class A

30 FT WIDE
DRIVE SURFACE

60 LONG



- Water Shed
- Class A
- - - - - Driveway
- WETLAND BOUNDARY
- - - - - APPROX. PROP. BOUNDARY
- NON DISTURB Wetlands



10 ACRE ESTAIN PROPERTY
ASHLAND, WISCONSIN

DATE	REVISIONS	DESCRIPTION
		APPROXIMATE EASTERN PROPERTY BNDRY IDENTIFIED BY PROPERTY OWNER

I hereby certify that this plan, specification or report was prepared by me or under my supervision and that I am a duly licensed PROFESSIONAL ENGINEER under the laws of the State of WISCONSIN.

Printed name: _____
Date: _____ Lic. No. _____

ICECOR

P.O. BOX 1105
SUPERIOR, WISCONSIN 54880
(715) 395-0955