

SUBMITTER: 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

DATE RECEIVED
 SEP 14 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0368
Date:	9-24-15
Amount Paid:	\$90
Refund:	9-24-15

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: Dyson & Keshner LLC Mailing Address: 9379 Plymouth Dr., Findlay OH 45820 Telephone: _____
 Address of Property: _____ City/State/Zip: _____
 30175 Mission Springs Rd. Contractor Phone: 715-669-5019 City/State/Zip: Atlanta GA 30606 Cell Phone: 317-908-9337
 Contractor: _____ Plumber: 464 Plumber Phone: _____
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-669-5019 Agent Mailing Address (include City/State/Zip): 2800 St Hwy 157 Written Authorization Attached & we: 104
Bill Carlson 715-669-5019 Atlanta GA 30606 Atlanta GA 30606 Yes No

PROJECT LOCATION: N21/4, S20 1/4 Legal Description: (Use Tax Statement) 4643 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____
 Section 25, Township 4E, N. Range 05, W. Town of: Bowlsdale Lot Size: _____ Acreage: 3.23

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

Value at Time of Completion: \$ 110K
 *Include donated time & material

PROJECT: Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes—continue → No
 If Yes—continue → Distance Structure is from Shoreline: 150 feet
 If Yes—continue → Distance Structure is from Floodplain Zone: 150 feet
 Non-Shoreland

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input 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 checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>464</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pri) 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 type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input checked="" type="checkbox"/> Remove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

EXISTING STRUCTURE: (if present 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	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>EXISTING (36 x 36)</u>	<u>2194</u>
	<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") Porch	()	()
	<input type="checkbox"/> with a Deck	()	()
	<input type="checkbox"/> with (2") Deck	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	()	()
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
	<input type="checkbox"/> Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>100% ADD. DECKS & BIRD SHELTERS</u>	(<u>10</u> x <u>12</u>)	<u>120</u>
	<input type="checkbox"/> Accessory Building (specify) <u>NEW ENTRYWAY</u>	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()
	Rec'd for ISSUANCE	()	()
	<input type="checkbox"/> Special Use: (explain)	()	()
	<input type="checkbox"/> Conditional Use: (explain)	()	()
	<input type="checkbox"/> Other: (explain)	()	()

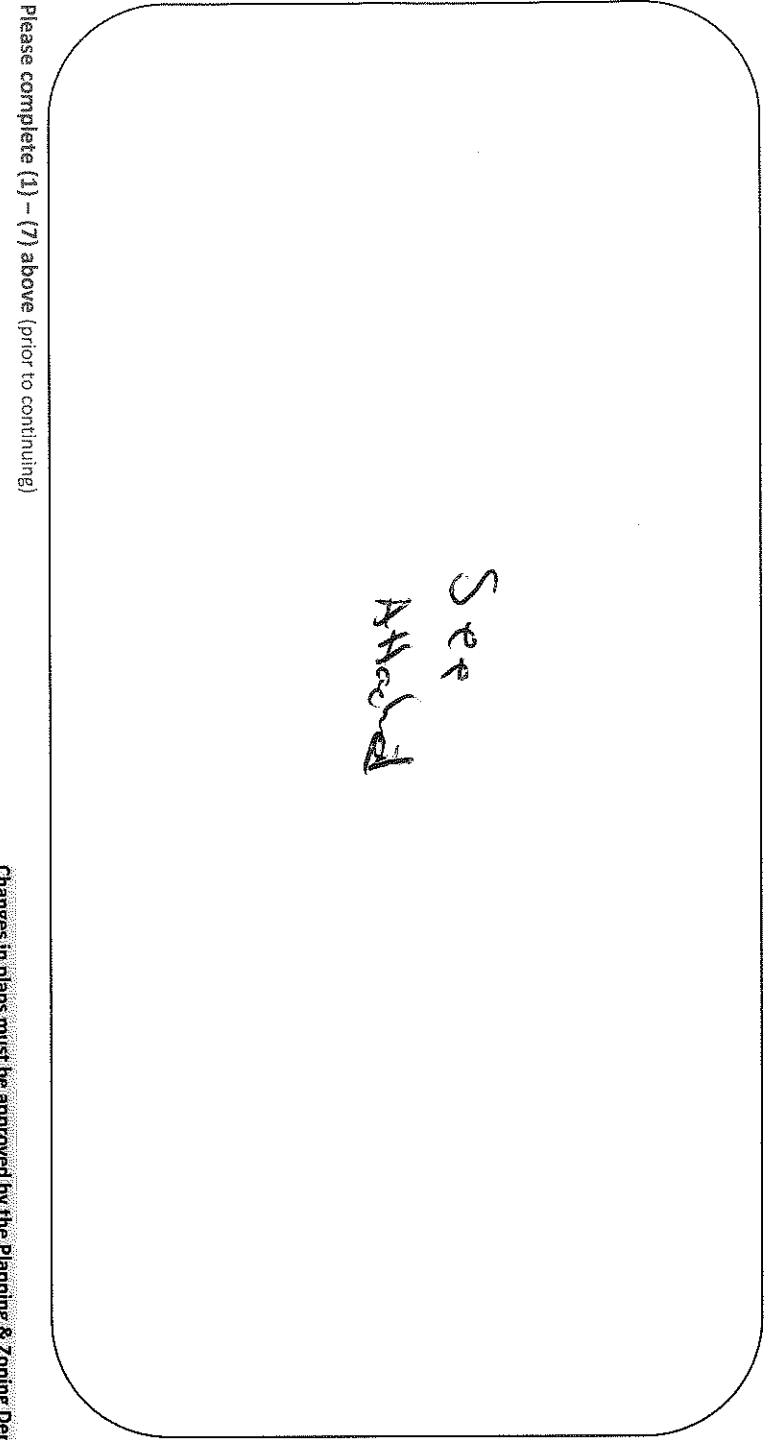
ALLURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 2800 St Hwy 157 Attach Alfred USE Syed copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

In the box 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%

See
Attached



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	40-125 Feet	Setback from the Lake (ordinary high-water mark)	40-150 Feet
Setback from the Established Right-of-Way	90 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	40-100 Feet	Setback from the Bank or Bluff	40-125 Feet
Setback from the South Lot Line	40-140 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	40-140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	40-150 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	40-0 Feet	Setback to Well	0 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.

Sanitary Number: 11221 Reason for Denial: Well under construction Sanitary Date: 9-24-15

Permit Denied (Date): _____

Permit #: 15-0368 Permit Date: 11/14/14

Is Parcel a Sub-Standard lot Yes (Deed of Record) No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A. Case #): 2014-02-01 Previous Grant by Variance (B.O.A. Case #): 12-10-14

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

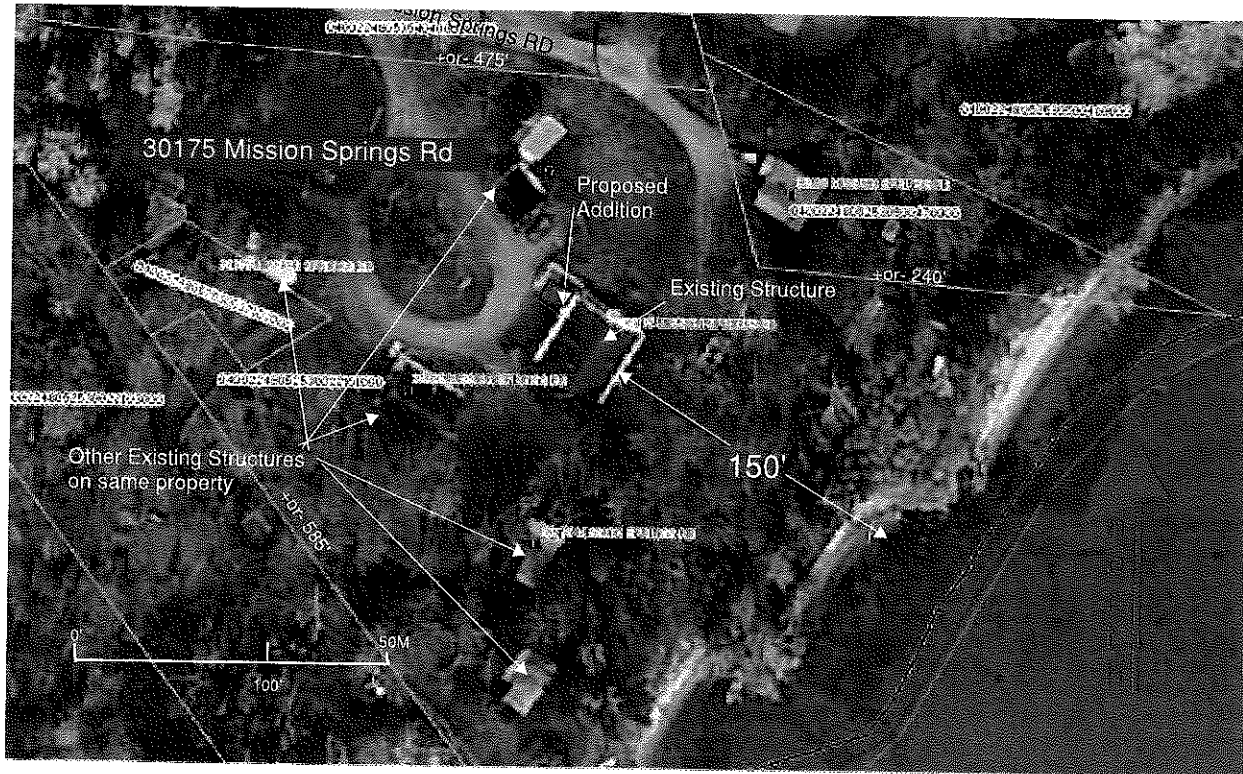
Inspection Record: Well now on property. Diver in property to replace sanitary system. Not permitted due to address of elevation not exceeding 250 sq. ft. in historic addition of elevation not exceeding 250 sq. ft. in historic house where new sanitary system is approved and installed.

Date of Inspection: 9-23-15 Inspected by: g. stuebel Zoning District: RPO

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached) Lakes Classification: 1

Signature of Inspector: _____ Date of Approval: 9-24-15

Hold For Sanitary: Hold For BA: Hold For Affidavit: Hold For Fees:



In the box belo

(1)

(2)