

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
 Date Stamp (Received)
 JUN 22 2015
 Bayfield Co. Zoning Dept.

Permit #: **RS-03888**
 Date: **10-5-15**
 Amount Paid: **\$1925**
 Refund: **10-5-15**

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.

Rachael - 612-460-5064

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

Owner's Name: **Timothy Suggs** Mailing Address: **1120 29th Avenue Minneapolis, MN 55418** Telephone: **612-308-8441**

Address of Property: **See tax statement attached** City/State/Zip: **Bayfield, WI 54814** Cell Phone: **651-788-3230**

Contractor: _____ 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: **SE 1/4, SE 1/4** Gov't Lot **3** Lot(s) **3** CSM **04-0602506426404600** Block(s) No. **20000** Volume **1126** Page(s) **919**

Section **28**, Township **5D N. Range 04 W** Town of: **BAYFIELD** Lot Size _____ Acreage **1.3**

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes---continue Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue

Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: **75** 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
\$ N/A to Fees	<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"/> 1-Story / Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None

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

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" 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 type="checkbox"/>	with a Porch	() X ()	()
<input type="checkbox"/>	with (2 nd) Porch	() X ()	()
<input type="checkbox"/>	with a Deck	() X ()	()
<input type="checkbox"/>	with (2 nd) Deck	() X ()	()
<input type="checkbox"/>	with Attached Garage	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input checked="" type="checkbox"/>	Special Use: (explain) SPLIT AND GRAPPEL	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain) DRIVEWAY ACCESS	() X ()	()
<input type="checkbox"/>	Other: (explain) _____	() X ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (1) the applicant is liable for including any accompanying information has been examined by me (we) and to the best of my (our) knowledge and belief it is true, correct and complete. (1) (we) acknowledge that (1) (we) are responsible for the accuracy of all information (1) (we) are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (1) (we) further accept liability which may be a result of Bayfield County relying on this information. (1) (we) are providing in or with this application. (1) (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: **6/9/15**

(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)

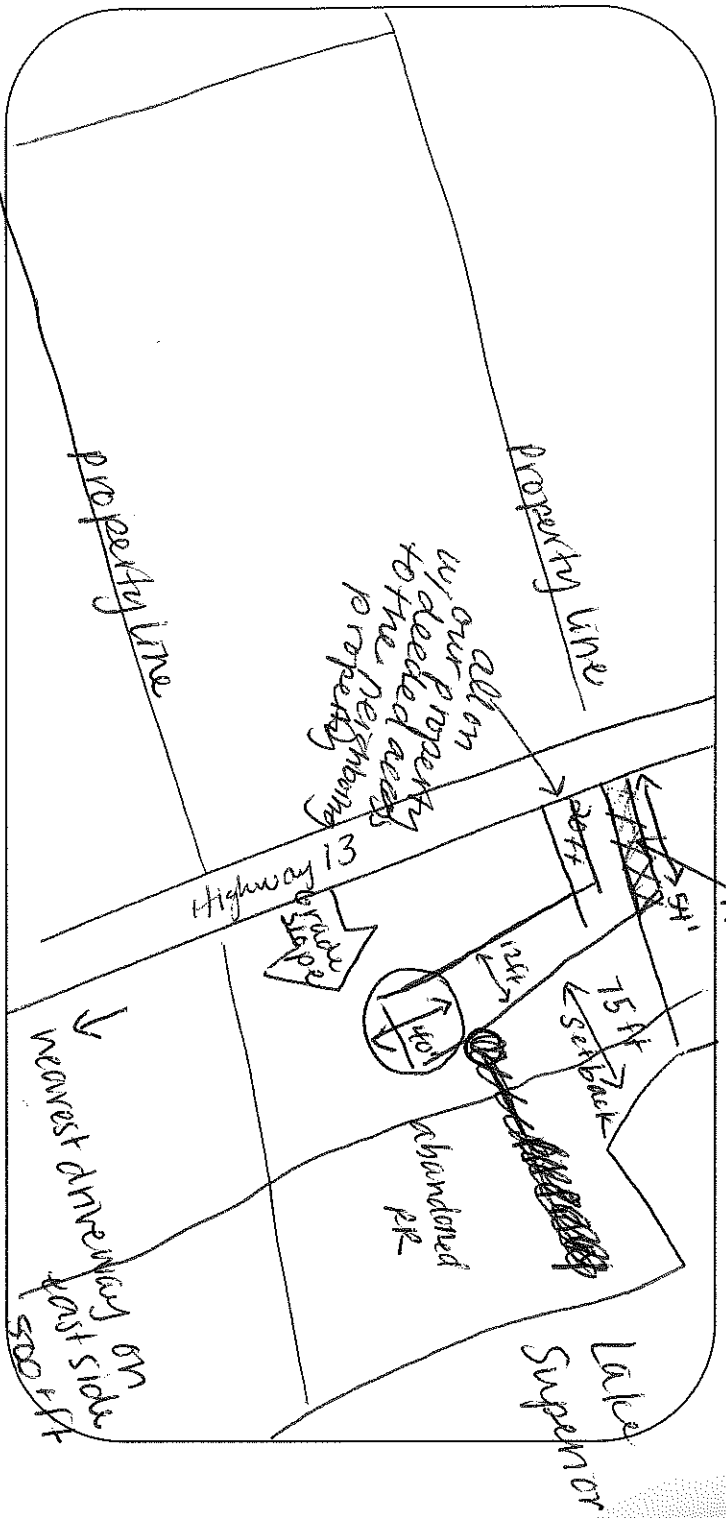
Address to send permit **1120 29th Ave NE Minneapolis MN 55418** Attach _____

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%



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	Feet	Setback from the Lake (ordinary high-water mark)	75 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	75 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)

Permit Denied (Date): _____ Sanitary Number: none # of bedrooms: _____ Sanitary Date: _____

Permit #: 15-0388 Permit Date: 10-5-15 not 15% imp surface

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No 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

Inspection Record: _____

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Affidavit Required Yes No
 Affidavit Attached Yes No

Date of inspection: 10.2.15 Inspected by: CRONBERG, MURPHY Zoning District: REB

Conditions: Town Committee or Board Conditions Attached? Yes No - (if No they need to be attached)

DRIVEWAY SHALL BE ENTIRELY LOCATED ON TAX PARCEL #4963. NO LAND DISTURBANCE ACTIVITY IS ALLOWED WITHIN 50 FT. OF THE TOP OF BLUFF. BEST MANAGEMENT PRACTICES FOR CONSTRUCTION SITES SHALL BE USED TO PREVENT ANY SEDIMENT OR RUNOFF INTO LAKE OR SURROUNDING PARCELS.

Signature of Inspector: _____ Date of Approval: 10.5.16

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

PERMITS @ October 2013