

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) **OCT 09 2015**
 Bayfield Co. Zoning Dept.

Permit #:	15-0394
Date:	10-10-15
Amount Paid:	\$75
Refund:	10-10-15

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: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: _____

Address of Property: **JAY LEAK STREET** City/State/Zip: **CARLE, WI** Cell Phone: **412-889-5587**

24705 GREEN LE RD Contractor Phone: **507-273-8127** Plumber: _____

Contractor: **REK VERHOUT BUILDERS** Agent Phone: **715-205-3702**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **REK VERHOUT** Agent Mailing Address (include City/State/Zip): **2053 STRAIB WEST DR SW ROCHESTER MN 55902** Written Authorization Attached Yes No

PROJECT LOCATION: **1/4, 1/4** Legal Description: (Use Tax Statement) **04-** PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) _____ Volume _____ Pages(s) _____

Section _____, Township _____, N. Range _____, W. Town of: _____ Lot Size _____ Acreage _____

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (find intermittent) Creek or Landward side of Floodplain? If Yes---continue Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue Distance Structure is from Shoreline: _____ 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
\$ / or 6000	<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 checked="" 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 checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" 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 checked="" 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: **12** Width: **38** Height: **15'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<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)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify) GARAGE ADDITION 12x38	(12 X 38)	336
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	(X)	
	Accessory Building Addition/Alteration (specify) _____	(X)	
	Special Use: (explain) _____	(X)	
	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(X)	

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): _____ Date: **10/1/15**

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

Authorized Agent: **[Signature]** Date: **10/1/15**

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

Address to send permit: **2053 STRAIB WEST DR SW ROCHESTER, MN 55902**

Attach Copy of Tax Statement

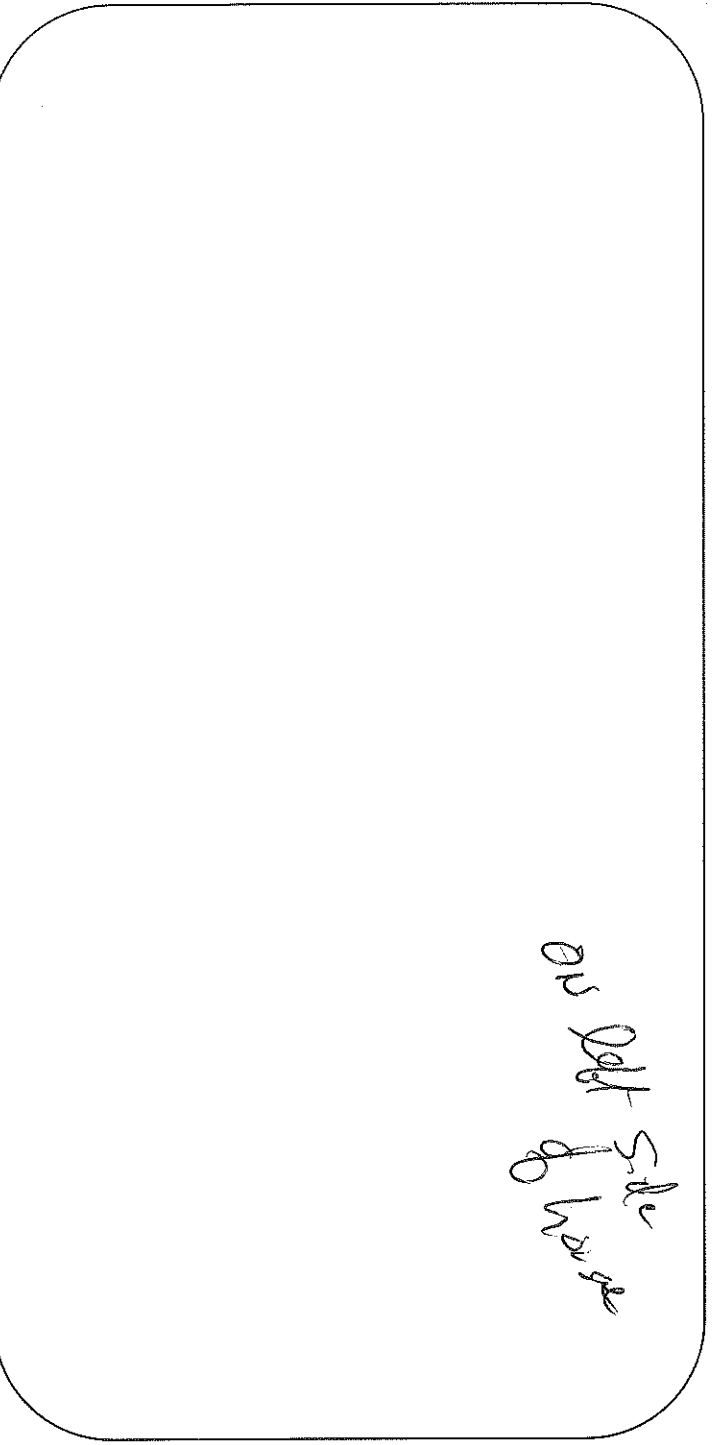
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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%**

Pls Det Site of Well



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)	178 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	65 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	175 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	12 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	50r 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 #: 15-0394	Permit Date: 10-12-15		
<input type="checkbox"/> Parcel a Sub-Standard Lot <input type="checkbox"/> Parcel In Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/contiguous Lots) <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
<input checked="" 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"/> 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"/> Yes <input type="checkbox"/> No
Inspection Record: <i>OK to start</i>	Inspected by: <i>Shawn</i>	Zoning District: Lakes Classification: (P1)	Date of Re-Inspection:
Date of inspection: <i>10/14/15</i>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)			
<i>Not for human habitation</i>			
Signature of inspector:	<i>Shawley</i>	Date of Approval:	<i>10/21/15</i>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

in the

Bayfield County, WI

