

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
 Stamp (received)
 OCT 15 2015
 ENTERED
 Bayfield Co. Zoning Dept.

Permit #:	15-0418
Date:	10-26-15
Amount Paid:	\$175
Refund:	10-26-15

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: DANIEL D. MILLSON Mailing Address: 2058 CAROL RD City/State/Zip: DEPHAMEN WI 53331 Telephone: _____

Address of Property: 89050 E. Remond R. Rd City/State/Zip: DEPHAMEN WI 53827 Call Phone: 612 810 1902

Contractor: STEVEN DEWEESE Contractor Phone: 25209 5666 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: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 3 Lot(s) 3 CSM 4/165 Vol & Page 577 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 29, Township 51 N, Range 04 W, 577 Town of: BEUL Lot Size _____ Acreage 2.8

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes Distance Structure is from Shoreline: 500' feet

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue Yes Distance Structure is from Shoreline: 900' 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
\$ <u>5K</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____						
Proposed Construction: Length: _____ Width: _____ Height: _____						

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/> with Loft	with a Porch	() X ()	()
<input checked="" type="checkbox"/> Residential Use	with (2 nd) Porch	() X ()	()
<input type="checkbox"/> Commercial Use	with a Deck	(26' X 12')	312'
<input type="checkbox"/> Municipal 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 etc)	() X ()	()
	Addition/Alteration (specify)	EXPAND & REPLACE DECK	26 X 12
	Accessory Building (specify)	CONCRETE PATIO	12 X 12
	Accessory Building Addition/Alteration (specify)	URBAN	26 X 12
	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

Rec'd for Issuance
 OCT 26 2015

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.

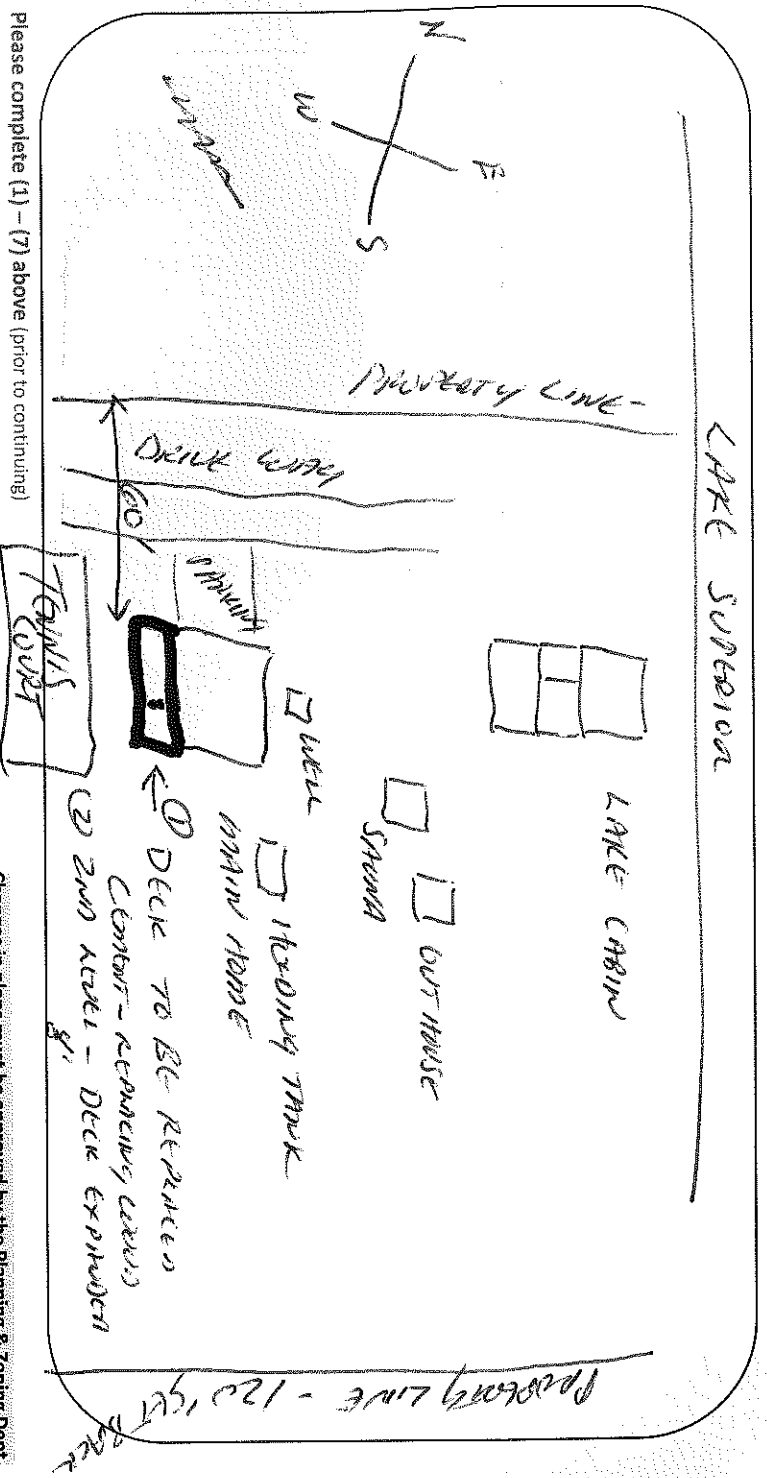
Owner(s): Michael Millson Date 10-12-2015
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 2058 Carol Rd Dephamen, WI 53331 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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%



(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)	N/A Feet
Setback from the Established Right-of-Way	200' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	60' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	120' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	930' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	930' Feet	Elevation of Floodplain	50' Feet
Setback to Septic Tank or Holding Tank	35' Feet	Setback to Well	25' 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 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.

CONSTRUCTION IS REARABLE MUST BE AT DECK ADDRESS

75-7048 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
 96-9141 For The Construction Of New One & Two Family Dwelling. All Municipalities Are Required To Enforce The Uniform Dwelling Code.
 90-9267 The local Town, Village, City, State or Federal agencies may also require permits.

Permit Denied (Date): 12-26-15 Reason for Denial: 404301 # of Bedrooms: 6 Sanitary Date: 6-4-2003

Permit #: 15-0418 Permit Date: 12-26-15

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delisted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection Record: *PRST VIOLATIONS CORRECTED PREVIOUS TO THIS APPLICATION.*

Date of Inspection: 10-19-15 Inspected by: *CHRIS BERG, Murphy*

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)

Signature of Inspector: *[Signature]* Date of Approval: 10-26-15

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

© October 2013 No recorded easement on deeds on esr. No setback for driveway.