

**SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:**  
 Bayfield County Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

*CAUTION*

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**  
 Date Rec'd (Received)  
**OCT 30 2015**  
 Bayfield Co. Zoning Dept.

**ENTERED** Permit # **15-0438**  
 Date: **11-6-15**  
 Amount Paid: **\$285**  
 Return: **11-6-15**

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.  
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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

**Owner's Name:** TOM O'BRIEN **City/State/Zip:** 2 WAUTOMAUS BOVT NORTY AOKS, MN. 55127 **Telephone:** 651-3306517

**Address of Property:** 50365 ST. HWY 27 **City/State/Zip:** BRANES, WI. 54873 **Cell Phone:** \_\_\_\_\_

**Contractor:** KEVIN WISSAWE **Contractor Phone:** \_\_\_\_\_ **Plumber:** \_\_\_\_\_ **Plumber Phone:** \_\_\_\_\_

**Authorized Agent:** (Person Signing Application on behalf of Owner(s)) TOM O'BRIEN **Agent Phone:** \_\_\_\_\_ **Agent Mailing Address (include City/State/Zip):** \_\_\_\_\_ **Written Authorization Attached:**  Yes  No

**PROJECT LOCATION:** 1/4, 1/4 **Legal Description:** (Use Tax Statement) 884-2-44-04-3 05-008-6000 **Recorded Document (i.e. Property Ownership):** 926 **Volume:** 926 **Page(s):** 118

**Section:** 9, **Township:** 44 N. Range: 9 W **Town of:** BRANES **Subdivision:** See Attached **Lot Size:** \_\_\_\_\_ **Acreage:** 3.79

**Shoreland**  **Non-Shoreland**

**Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?**  **Yes**  **Continue**

**Is Property/Land within 1000 feet of Lake, Pond or Flowage**  **Yes**  **Continue**

**Distance Structure Is from Shoreline:** \_\_\_\_\_ **feet**

**Distance Structure Is from Shoreline:** 20 **feet**

**Is Property in Floodplain Zone?**  **Yes**  **No**

**Are Wetlands Present?**  **Yes**  **No**

Value at Time of Completion <small>* Include donated time &amp; material</small>	Project <small>(What are you applying for)</small>	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$45,000 or	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input 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	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	

**Existing Structure:** (if permit being applied for is relevant to it) **Length:** 38' **Width:** 30' **Height:** 30'

**Proposed Construction:** **Length:** 38' **Width:** 30' **Height:** 30'

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 <sup>nd</sup> ) Porch	( ) ( ) ( )	( )
	with a Deck	( ) ( ) ( )	( )
	with (2 <sup>nd</sup> ) Deck	( ) ( ) ( )	( )
	with Attached Garage	( ) ( ) ( )	( )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( ) ( ) ( )	( )
	Mobile Home (manufactured date)	( ) ( ) ( )	( )
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	( ) ( ) ( )	( )
	Accessory Building (specify)	(30 x 38)	(110)
	Accessory Building Addition/Alteration (specify)	( ) ( ) ( )	( )
	Special Use: (explain)	( ) ( ) ( )	( )
	Conditional Use: (explain)	( ) ( ) ( )	( )
	Other: (explain)	( ) ( ) ( )	( )
	Rec'd for Issuance	( ) ( ) ( )	( )
	NOV 06 2015	( ) ( ) ( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
 I (we) Tom O'Brien (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) warrant responsibility 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 as an enforceable site for the purposes of inspection.

**Owner(s):** Tom O'Brien **Date:** 10/27/15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

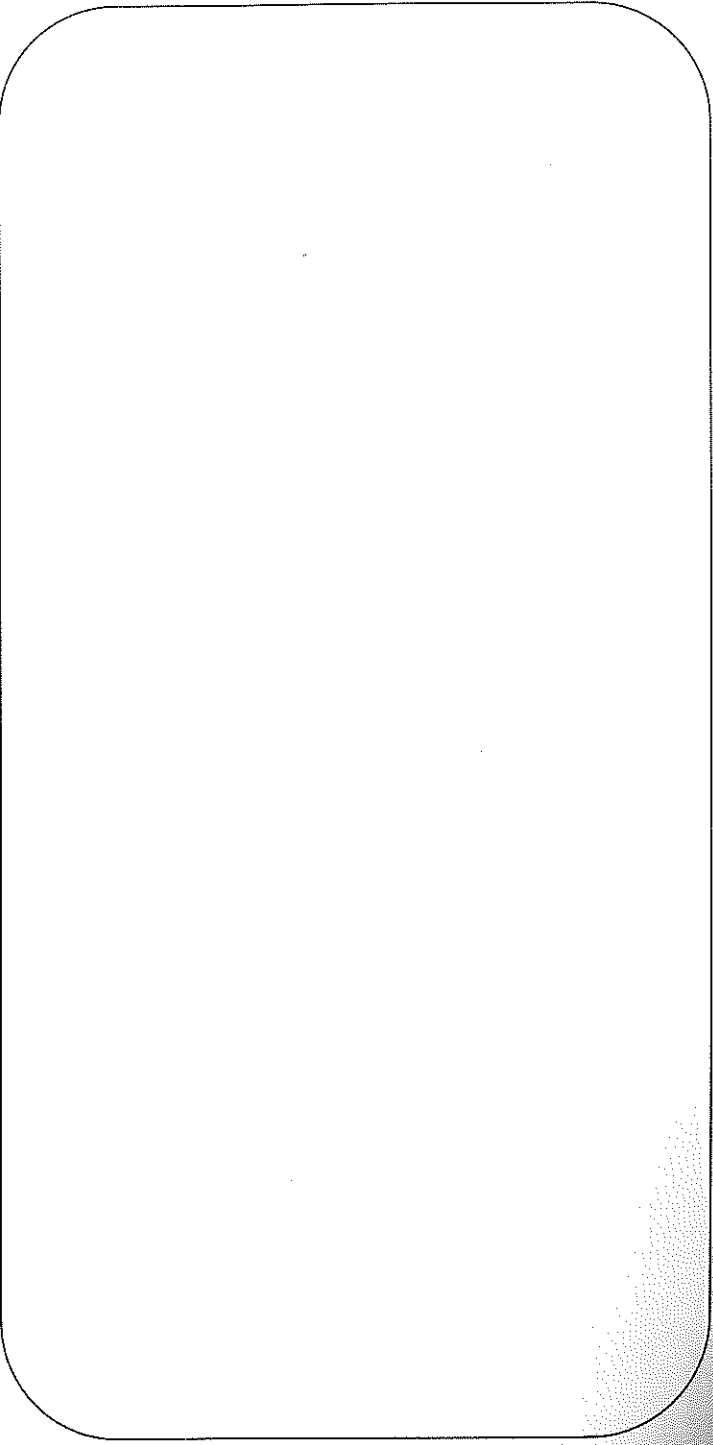
**Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Address to send permit:** \_\_\_\_\_ **Attach** **Copy of Tax Statement**  
 (If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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)

(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)	20 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	40 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	250 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	20 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	20 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	175 Feet	Setback to Well	100+ Feet
Setback to Drain Field	175 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).

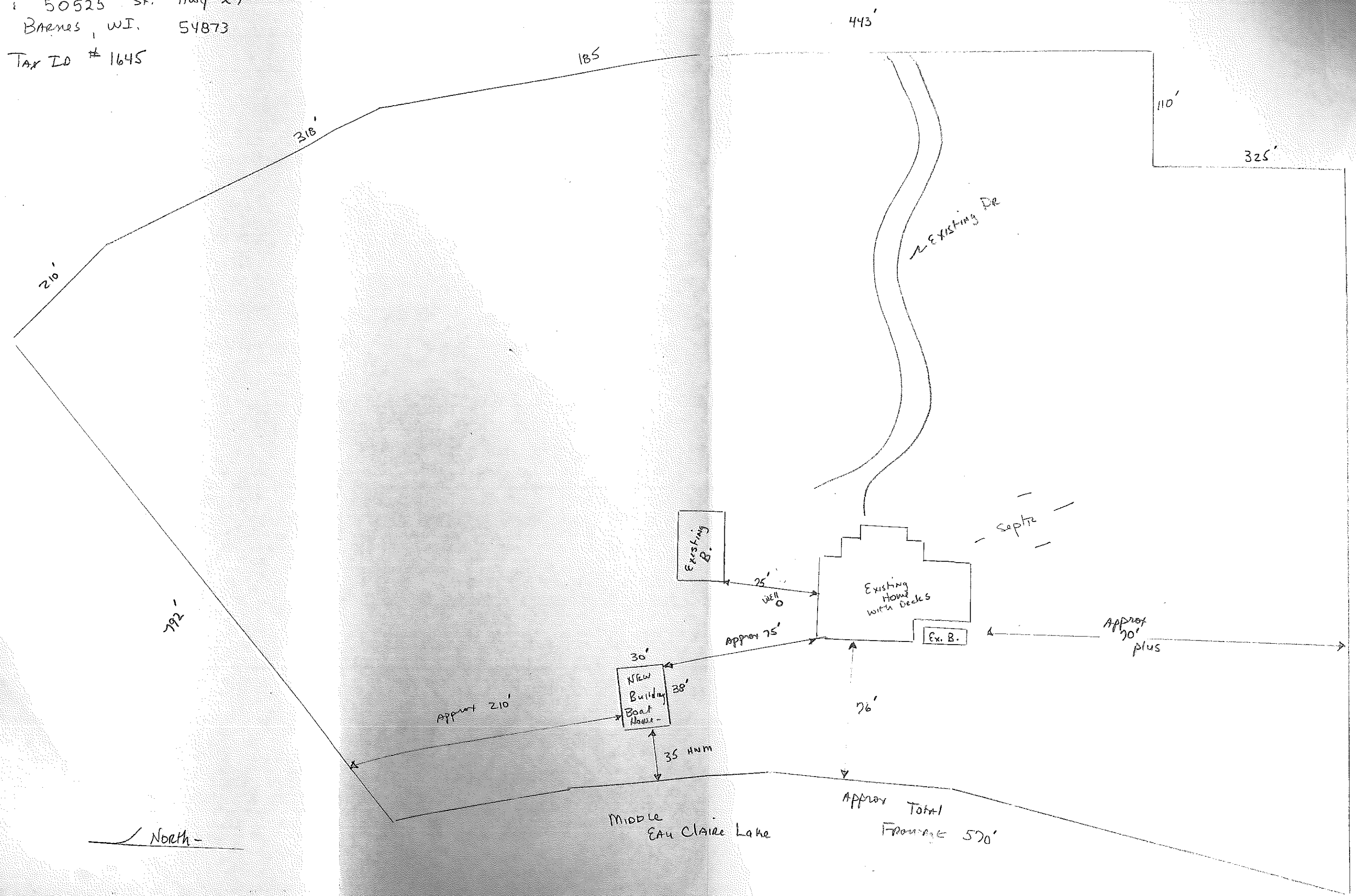
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>15-0439</u>	Permit Date: <u>11-6-15</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 (Used/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Zoning District <input checked="" type="checkbox"/> Lakes Classification	<input type="checkbox"/> Date of Re-Inspection:
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Inspection: <u>11-3-15</u> Inspected by: <u>Q. Oberley</u> Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) <u>Lowest Point of Structure must Be 2' Above Regional Flood Elevation. Regional Flood Elevation is 1128. Not for humans habitation. NO WATER UNDER PRESSURE.</u>			
Signature of Inspector: <u>Q. Oberley</u>		Date of Approval: <u>11-3-15</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"/>			

Tom + Marcia OBRIEN  
50525 St. Hwy 27  
Barnes, WI. 54873  
Tax ID # 1645

Not to Scale

Show L...  
Show /...  
Show L...  
Show...  
Show...



300'