

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)
 AUG 04 2015
 Bayfield Co. Zoning Dept.

Permit #:	15-0483
Date:	11-4-15
Amount Paid:	\$ 280
Refund:	11-4-15

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: Richard + Pamela Reegen Mailing Address: _____ City/State/Zip: _____ Telephone: 608-390-3002
 Address of Property: _____ Cell Phone: _____
41900 Bay Drive, Cable, WI
 Contractor: Ken LaCoy Construction Contractor Phone: 715 634 8609 Plumber: _____
 Authorized Agent/ (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
Samuel Written Authorization Attached Yes No

PROJECT LOCATION: _____ Legal Description: (Use Tax Statement) _____ P.I.N.: (23 digits) 034-2-43-06-10-205-C02-0200
 _____ 1/4, _____ 1/4 Gov't Lot 2 CSM 295 Vol & Page 3-98 Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Volume _____ Page(s) _____
 Section 10 Township 43 N. Range 6 W Town of: Amnaga Lot Size _____ Acreage 6.9

Shoreland → Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. 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
\$ <u>60,000</u>	<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 checked="" 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"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 28 Width: 32 Height: 26

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X X)	
<input type="checkbox"/>	with Loft	(X X)	
<input checked="" type="checkbox"/>	with a Porch	(X X)	
<input type="checkbox"/>	with (2 nd) Porch	(X X)	
<input type="checkbox"/>	with a Deck	(X X)	
<input type="checkbox"/>	with (2 nd) Deck	(X X)	
<input type="checkbox"/>	with Attached Garage	(X X)	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X X)	
<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Bringing to current for</u>	(X X)	
<input type="checkbox"/>	Accessory Building (specify) <u>garage</u>	(28 X 32)	896
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X X)	
<input type="checkbox"/>	Special Use: (explain)	(X X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X X)	
<input type="checkbox"/>	Other: (explain)	(X X)	

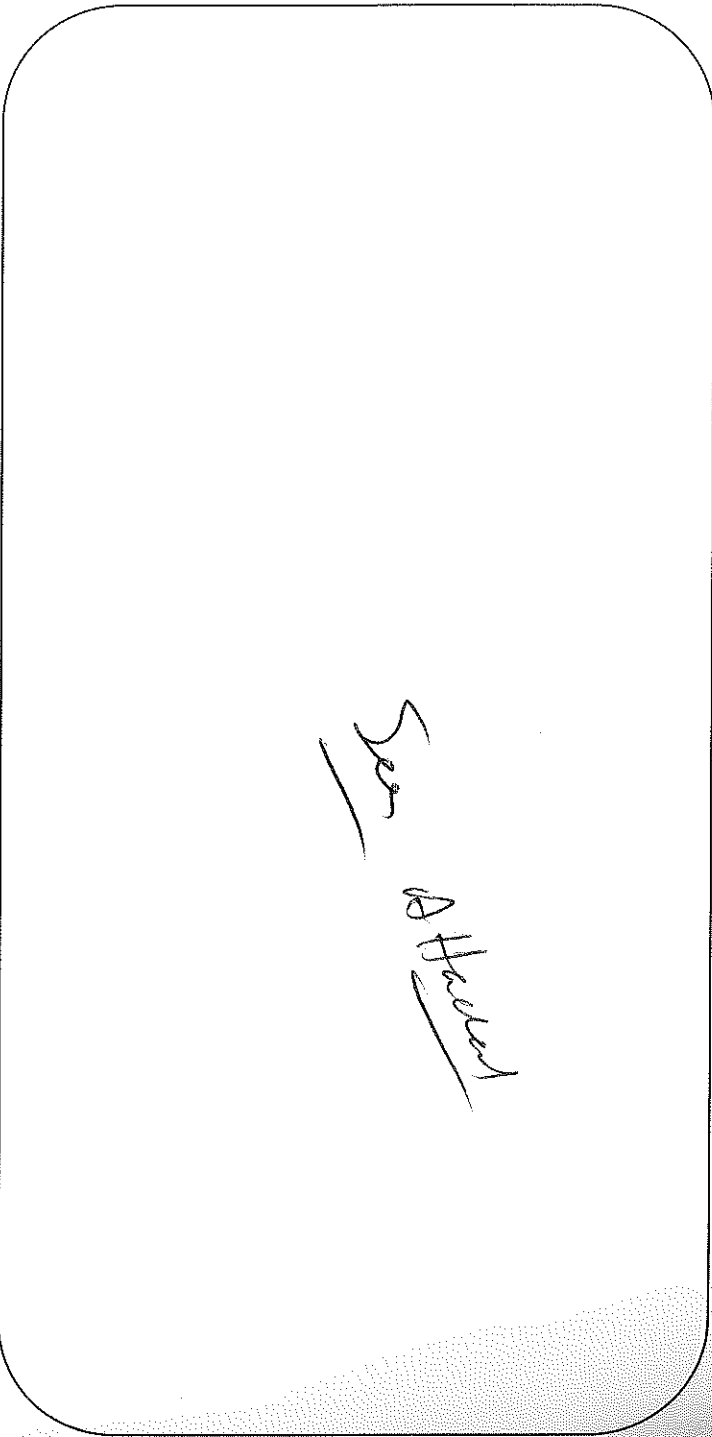
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 _____
 (If there are Multiple Owners listed on the Deed, All Owners must sign or letters of authorization must accompany this application)
 Authorized Agent: Ken LaCoy Date 8-25-15
 (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

See 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)
 (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	45 Feet	Setback from the Lake (ordinary high-water mark)	189 Feet
Setback from the Established Right-of-Way	12 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	320 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	470 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	189 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	60 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	N/A 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 Dwelling: 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 #: 15-0483	Permit Date: 11-11-15			
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record)	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:				
Date of Inspection: 10-7-15	Inspected: [Signature]	Zoning District: (R1)	Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If No they need to be attached.			
Signature of Inspector: [Signature]	Date of Approval: 10-26-15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

County, WI

Namakagon

04034243061020500203000

Proposed
garage
site

04034243061020500202000

ERAY DR

MOOREY DR

10 m

30 ft

SEVI
BY
ZONING