

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: **NOV 09 2015**
 Bayfield Co. Zoning Dept.

Permit #: **15-0444**
 Date: **11-13-15**
 Amount Paid: **\$980**
 Refund: **11-13-15**

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: **William Harris** Mailing Address: **7201 North Hill Dr Kappel Hill NC 27514** Telephone: **919-271-8869**

Address of Property: **47155 Krafts Pt Rd** City/State/Zip: **Cable WI 54821** Call Phone: **336-747-0616**

Contractor: **Scott Byrd** Contractor Phone: **715-982-9134** Plumber: **Andy Johnson + Sons** Plumber Phone: **715-718-3355**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Scott Byrd** Agent Phone: **715-982-9181** Agent Mailing Address (Include City/State/Zip): **19720 Pioneer Rd Cable WI 54821** Written Authorization Attached Yes No

PROJECT LOCATION: **1/4 - 1/4** Legal Description: (Use Tax Statement) **1/4 - 1/4 Gov't Lot 7 Lot(s) 1 CSM 1117.718 Vol & Page 1117.718 Lot(s) No. Block(s) No. Subdivision: Dimmond** Recorded Document: (i.e. Property Ownership) **PLN: (23 digits) 04-018-2-44-07-28-3-05-007-30000** Volume: **1931** Page(s): **1931**

Section **28**, Township **44N**, Range **07** W

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? **85** feet Distance Structure is from Shoreline: **85** feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage **Dimmond** Distance Structure is from Shoreline: **85** 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
\$140,000	<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 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 checked="" 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 checked="" type="checkbox"/> Sanitary (Exists) Specify Type: ST <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: **22'** Width: **12'** Height: **14'**

Proposed Construction: Length: **22'** Width: **12'** Height: **14'**

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 nd) Porch	() ()	()
	with a Deck	() ()	()
	with (2 nd) Deck	() ()	()
<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)	() ()	()
	Mobile Home (manufactured date)	() ()	()
	Addition/Alteration (specify) Entry and Screen Back	(22'x12')	(264')
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
	Special Use: (explain)	() ()	()
	Conditional Use: (explain)	() ()	()
	Other: (explain)	() ()	()

Rec'd for Issuance **NOV 13 2015**

Secretarial Staff

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): **Scott Harris** Date: **11-4-15**

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

Authorized Agent: **Scott Harris** Date: **11-4-15**

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

Address to send permit: **19720 Pioneer Rd Cable WI 54821**

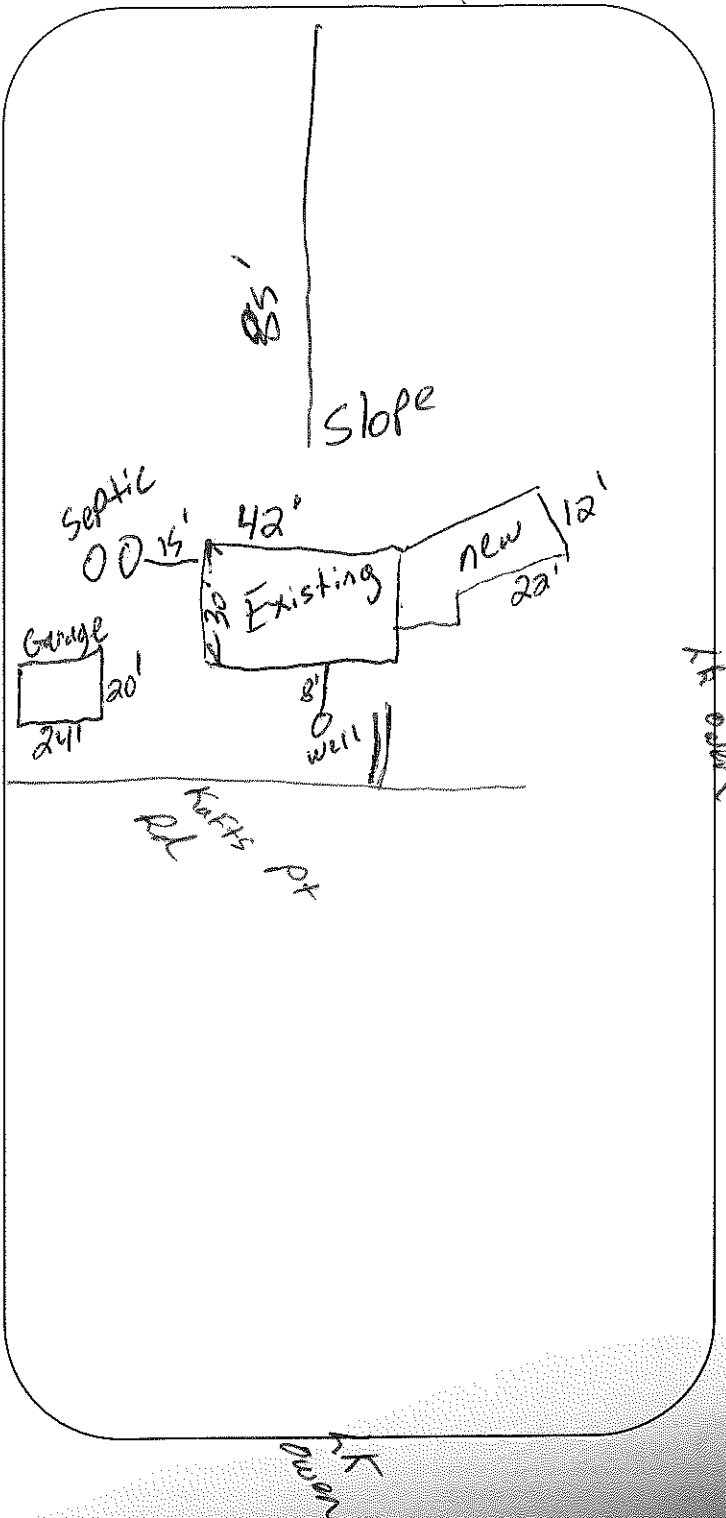
Attach Copy of Tax Statement

NEED AUTHORIZED APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

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	17 Feet	Setback from the Lake (Ordinary high-water mark)	82 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	20 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	15 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	47 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Set Feet	Setback to Well	Set 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 #: 15-0444	Permit Date: 11-13-15			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:	Site Sketch			
Date of Inspection: 11-9-15	Inspected by:			
Conditions/Town, Committee or Board Conditions Attached?	Yes	No	If No they need to be attached.	
Need CDC.				
Signature of Inspector: Joel Rubin	Date of Approval: 11-13-15			
Hold For Sanitary:	Hold For TBA:	Hold For Affidavit:	Hold For Fees:	