

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  
 DECEMBER 11  
 OCT 26 2015  
 Bayfield Co. Zoning Dept.

Permit #:	150457
Date:	1-30-15
Amount Paid:	\$125
Refund:	1-30-15

ENTERED

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: JASON + ANNA FOLANSEN Mailing Address: 133 SHADWOOD DELAND MN 55328 Telephone: 763 355 9493

Address of Property: VACANT LAND City/State/Zip: BELL WIS Cell Phone: 763 222 9452

Contractor: self Contractor Phone: \_\_\_\_\_ Plumber: D. RASSMUSON Plumber Phone: 715 798 3355

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: 7679 TAX ID PIN: (23 digit) 070625 B62 4358500 460006 Recorded Document: (i.e. Property Ownership) Volume 1149 Page(s) 205

Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 4 Lot(s) 4 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:

Section 27, Township S10N Range ~~4E~~ 6W Town of: BELL Lot Size 1170x740' Acreage 18

Shoreland  Is Property/Land within 300 feet of River, Stream, Creek or landward side of Floodplain?  Intermittent  Permanent Distance Structure is from Shoreline: 150' feet  Yes  No

Non-shoreland  Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue --> Distance Structure is from Shoreline: \_\_\_\_\_ feet

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?
\$ <u>30K</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input 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 checked="" type="checkbox"/> Vaulted (min 200 gallon)
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: 28' Width: 26' Height: 14' EST.

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>28 x 26</u> )	<u>728</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>X</u> )	
	<input type="checkbox"/> with Loft	( <u>X</u> )	
	<input type="checkbox"/> with a Porch	( <u>X</u> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <u>X</u> )	
	<input type="checkbox"/> with a Deck	( <u>X</u> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>X</u> )	
	<input type="checkbox"/> with Attached Garage	( <u>X</u> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <u>X</u> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <u>X</u> )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <u>X</u> )	
	<input type="checkbox"/> Accessory Building (specify) _____	( <u>X</u> )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>X</u> )	
	<input type="checkbox"/> Special Use: (explain) _____	( <u>X</u> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <u>X</u> )	
	<input type="checkbox"/> Other: (explain) _____	( <u>X</u> )	

Rec'd for Issuance: NOV 30 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.

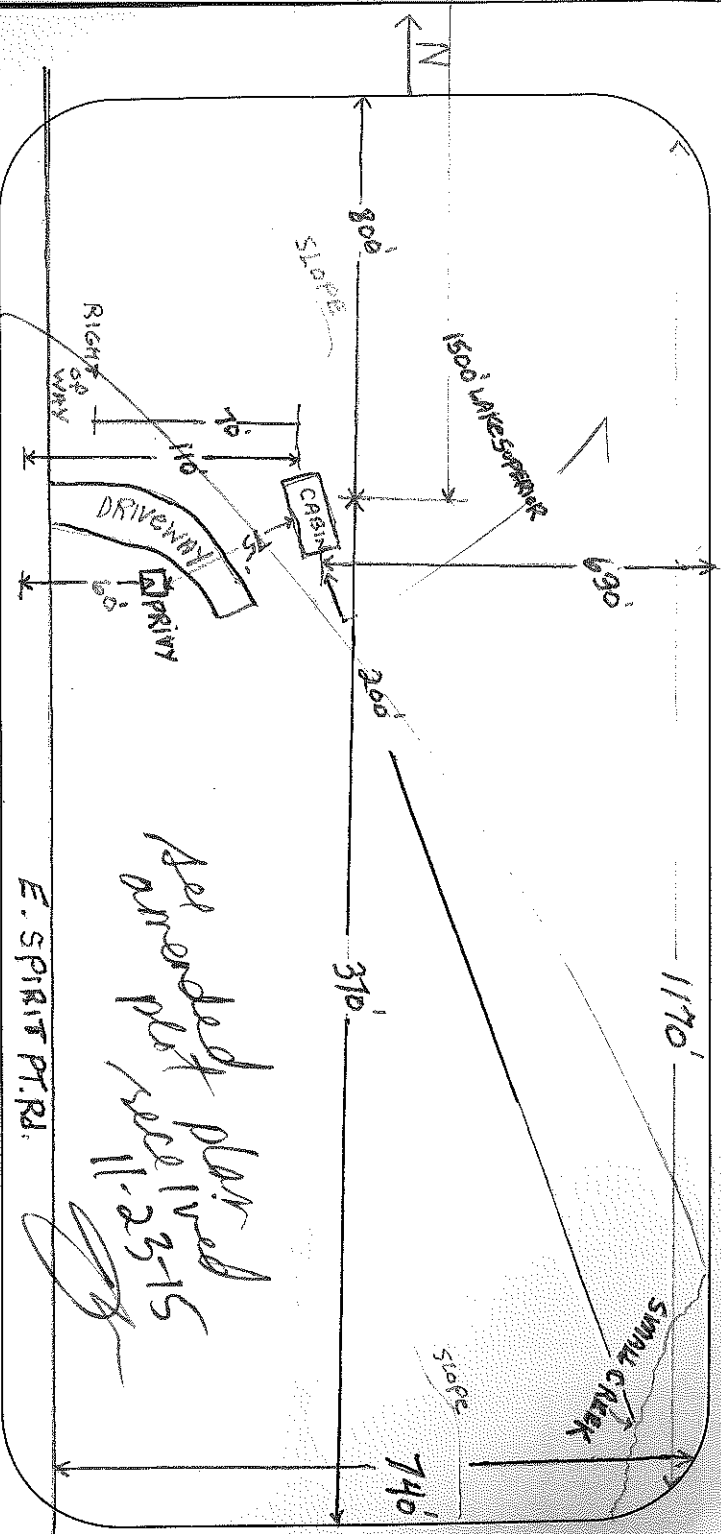
Owner(s): Jason + Anna Folansen + Ann Marie Date: 10/22/15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 133 SHADWOOD LN DELAND MN 55328 Attach \_\_\_\_\_  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Copy of Tax Statement \_\_\_\_\_  
 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)

(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	110 Feet	Setback from the Lake (ordinary high-water mark)	1500
Setback from the Established Right-of-Way	70 Feet	Setback from the River, Stream, Creek	230 Feet
Setback from the North Lot Line	760 & 200 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	216 & 370 Feet	Setback from Wetland	
Setback from the West Lot Line	630 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line		Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	75 Feet	Setback to Well	NONE
Setback to Drain Field			
Setback to Privy (Portable, Composting)	75 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: <u>WOLF PRIVY</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____			
Permit #: <u>15-0159</u>	Permit Date: <u>11-30-15</u>			
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lots) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <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	Case #: _____	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	
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		
Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: _____				
Date of Inspection: <u>10-30 + 11-30-15</u>	Inspected by: <u>SCOTT BOBBE: NUPHY</u>	Zoning District: <u>R2B R-1</u>	Lakes Classification: <u>N/A</u>	Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
Buildings SHALL NOT CONTAIN INDOOR PLUMBING FIXTURES OR CONNECTIONS TO PRESSURIZED WATER UNLESS APPROVED POINTS INSTALLED & CONNECTED. BUILDING REQUIRES ODC				
Signature of Inspector: _____	Date of Approval: <u>11-30-15</u>			
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TMA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	

PERMIT & INSPECTIONS.

