

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  
 RECEIVED  
 Date: NOV 02 2015  
 Bayfield Co. Zoning Dept.



Permit #:	15-0254
Date:	11-03-15
Amount Paid:	\$95
Refund:	11-03-15

INSTRUCTIONS: No permits will be issued until all fees are paid.  
 Checks are 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: ROBERT + SYLVIA E. MILLER Mailing Address: 63355 TRAUT KR RD FRENCH RIVER WI 54847 Telephone: 715-372-4692  
 Address of Property: 63355 TRAUT KR RD City/State/Zip: FRENCH RIVER WI 54847 Cell Phone: \_\_\_\_\_  
 Contractor: REN RIVER WLS Contractor Phone: 6154847 Plumber: \_\_\_\_\_  
 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: NW 1/4, SE 1/4 Legal Description: (Use Tax Statement) 016-2-46-08-04-4 61-600 - 20000 PIN: (23 digits) \_\_\_\_\_  
NW 1/4, SE 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_  
 Section 4, Township 46 N, Range 08 W Town of: DEERVA Lot Size 40 Acres ACRES

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? → Distance Structure is from Shoreline: 250 feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage → Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 If Yes---continue → If Yes---continue →

Recorded Document: (i.e. Property Ownership) Volume 923 Page(s) 331  
 Subdivision: \_\_\_\_\_

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>6,400.00</u>	<input checked="" type="checkbox"/> New Construction <input 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"/> _____	<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>SEPTIC</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

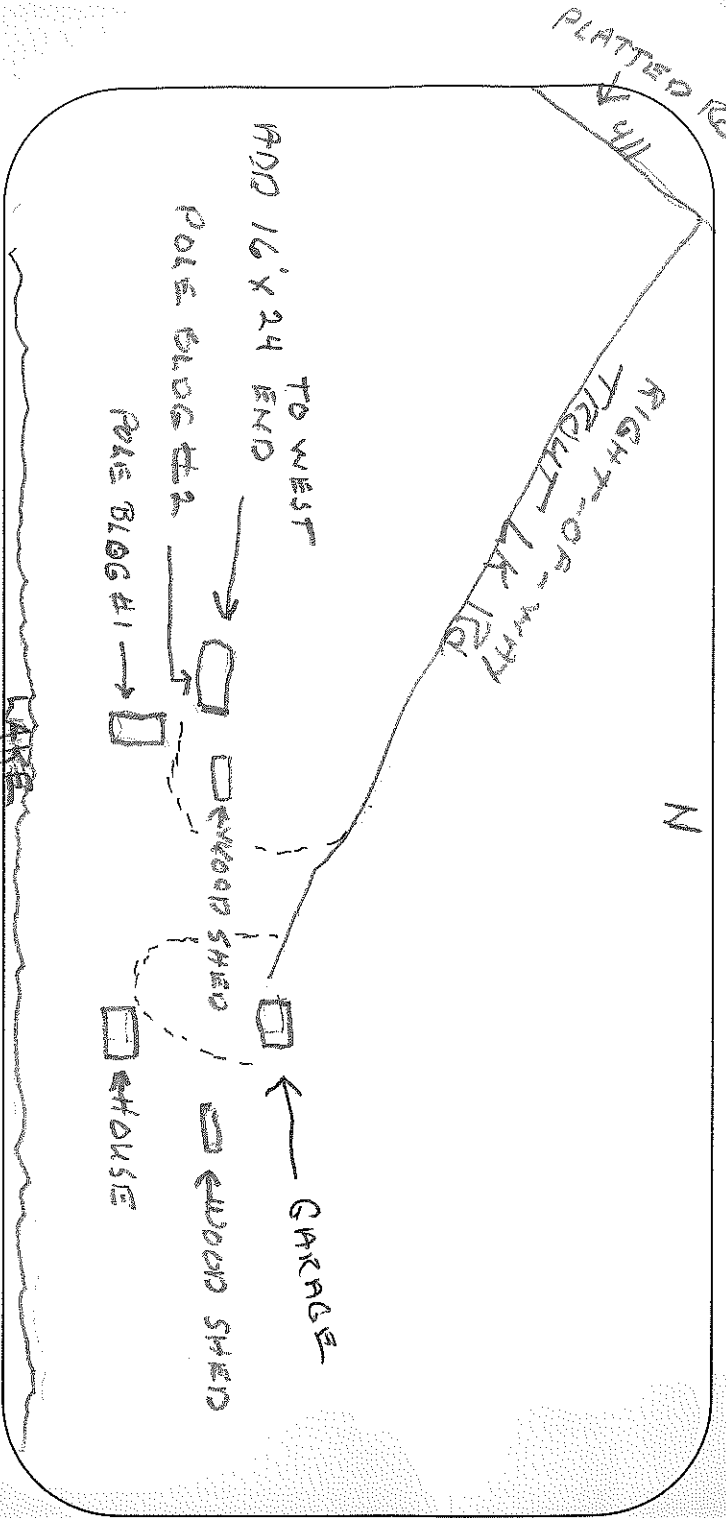
Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 24 Height: 14  
 Proposed Construction: Length: 16 Width: 24 Height: 14

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 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X )	
<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)	( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____ Addition/Alteration (specify) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) <u>STORAGE</u>	( X ) ( X ) ( X ) ( 16 X 24 )	   <u>384</u>
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( X ) ( X ) ( X )	
NOV 23 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): Robert + Sylvia E. Miller Date 10-28-15  
 (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 63355 TRAUT KR RD - FRENCH RIVER WI 54847 Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

- OTHER DATA
- Show Location of: **Proposed Construction**
- 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	3000 Feet	Setback from the Lake (ordinary high-water mark)	200 Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	700 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	5000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	5000 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	400 Feet	Setback to Well	500 Feet
Setback to Drain Field	200 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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Permit #: 150854 Permit Date: 1-23-15

Is Parcel a Sub-Standard Lot  Yes (Deed of Record)  No  No

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lots)  No  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No  No

Case #: \_\_\_\_\_

Previously Granted by Variance (B.O.A.)  Yes  No

Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No

Was Property Surveyed  Yes  No

Inspection Record:

Date of Inspection: 1-17-15 Inspected by: SPRABLY Zoning District: ( ) Lakes Classification: ( )

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

OK to Start.

Signature of Inspector: SPRABLY Date of Approval: 1/26/15

Signature of Applicant: Not Cor hman hoh, hoh, No With under Justice.

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:  Hold For Re-inspection: