

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

FE = \$175 Special A + Land Use App. (cost of const)  
 675 rec'd 11-9-15 6842

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

**RECEIVED**  
 SEP 21 2015

ENTERED

Permit #:	15-0160
Date:	10-1-15
Amount Paid:	\$675
Refund:	\$175 10-1-15

Bayfield Co. Zoning Dept.

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 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: Wanda Jensen  
Stemmas & Beve  
 Address of Property: 132 Portwood Ln  
XX Landon Rd  
 City/State/Zip: Port Wing, WI 54865  
 Telephone: \_\_\_\_\_  
 Cell Phone: 651-303-2146

Contractor: \_\_\_\_\_  
 Plumber: \_\_\_\_\_  
 Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s))  
 Agent Name: \_\_\_\_\_  
 Agent Phone: \_\_\_\_\_  
 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

PROJECT LOCATION: NE 1/4, NW 1/4  
 Legal Description: (Use Tax Statement) \_\_\_\_\_  
 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_  
 Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 6, Township A9 N, Range 8 W  
 Town of: Port Wing  
 Lot Size: \_\_\_\_\_ Acreage: 20

Recorded Document: (i.e. Property Ownership)  
 Volume 1139 Page(s) 293

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes  No  
 If Yes---continue →  
 Distance Structure is from Shoreline: 225 feet  
 Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 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>115,000</u> <u>225K</u> <u>per contractor</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 type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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"/> City <input checked="" type="checkbox"/> Well

Full tax statement per contractor 12-1-15

Existing Structure: (if permit being applied for is relevant to it)  
 Length: 42 Width: 32 Height: 22  
 Proposed Construction:  
 Length: 42 Width: 32 Height: 22

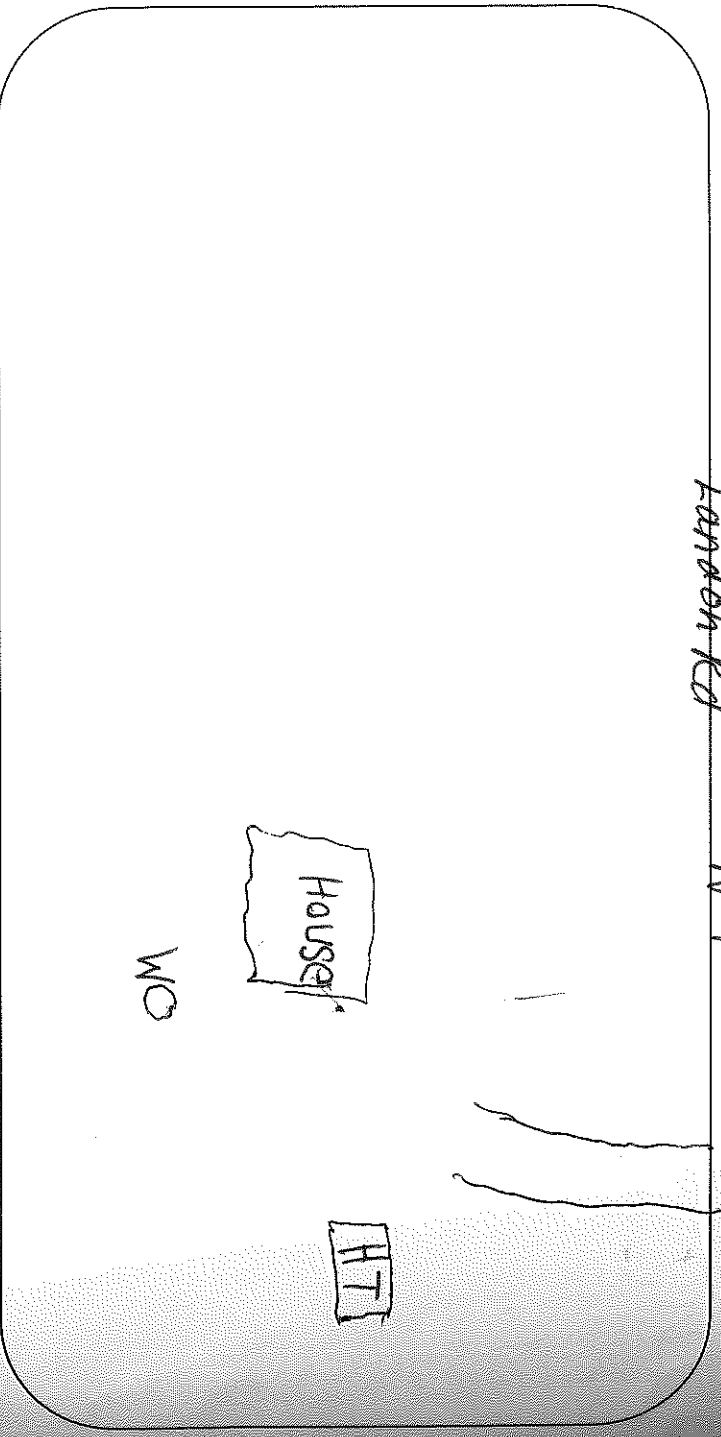
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with a 2 <sup>nd</sup> Porch with a Deck with (2 <sup>nd</sup> ) Deck	( 42 x 32 ) ( 17'8" x 34 ) ( 8' x 32 ) ( 8 x 42 ) ( X X ) ( X X ) ( X X )	1344 230.76 256 336 ) ) )
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( X X )	)
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( X X )	)
	Addition/Alteration (specify)	( X X )	)
	Accessory Building (specify)	( X X )	)
	Accessory Building Addition/Alteration (specify)	( X X )	)
	Special Use: (explain)	( X X )	)
	Conditional Use: (explain)	( X X )	)
	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 acting on this information. I (we) am (are) providing information for with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and to reasonable time for the purpose of inspection.

Owner(s): Wanda Jensen Date: \_\_\_\_\_  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letters of authorization must accompany this application)  
 Authorized Agent: Wanda Jensen Date: \_\_\_\_\_  
 (If you are signing on behalf of the owner, a letter of authorization must accompany this application)  
 Address to send permit: PO Box 8420 Landon Road 54865 Attach Copy of Tax Statement  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	215 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	116 Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1120 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	490 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	50 Feet
Setback to Drain Field	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 or marked by a licensed surveyor at the owner's expense.  
 Prior to the placement or construction of a structure more 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 or 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.

50103-15

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 15-1875	# of bedrooms: 3	Sanitary Date: 12-1-15	
Permit Denied (Date):	Reason for Denial:	63-15 soil			
Permit #: 15-0410	Permit Date: 12-1-15				
Is Parcel a Sub-Standard Lot	<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 (fused/contiguous lots) <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	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #: _____	Were Property Lines Represented by Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: inspection x2 by contractor, property owner in joining 2 parcels. Still needs set back boundary survey. No wetlands. No wetlands.	Inspected by: J. [unclear]	Contract for	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of Inspection:	Inspected by:	Zoning District	AR-1	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Zoning District	AR-1		
VDC PERMIT AND INSPECTIONS REQUIRED					
Signature of Inspector:	Date of Approval: 12-1-15				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		