

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

Under 25,000 - \$47500 over 25K - \$311000

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 DATE RECEIVED  
 DEC 09 2015  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-04165
Date:	10-12-15
Amount Paid:	\$114.00 CASH P.D.S 12/9/15
Refund:	

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: DEANOR COETZ Mailing Address: 2050 CO. HWY E ADIRONDACK WIS 54806 Telephone: 715 746-2937

Address of Property: 2050 CO. HWY E City/State/Zip: ADIRONDACK, WIS 54806 Cell Phone: \_\_\_\_\_

Contractor: NORTHLAND BUILDERS INC Contractor Phone: 715-281-0037 Plumber: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) PETER JOLIVER Agent Phone: 715-285-5705 Agent Mailing Address (include City/State/Zip): \_\_\_\_\_

PROJECT LOCATION: SW 1/4, NW 1/4 Legal Description: (Use Tax Statement) TAX ID # 21709 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_

Section 20, Township 47 N, Range 6 W Town of: KEYSTONE Lot Size \_\_\_\_\_ Acreage 5.1

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>\$28,000</u>	<input 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 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"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>2,000 GPH</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 48 FT Width: 30 FT Height: 14 FT

Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) ( )	( )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
	<input type="checkbox"/> with Loft	( ) ( )	( )
	<input type="checkbox"/> with a Porch	( ) ( )	( )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
	<input type="checkbox"/> with a Deck	( ) ( )	( )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) ( )	( )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( ) ( )	( )
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) ( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( ) ( )	( )
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( ) ( )	( )
	<input type="checkbox"/> Accessory Building (specify) _____	( ) ( )	( )
	<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>148</u> X <u>52</u> )	( <u>1536</u> )
	<input type="checkbox"/> Special Use: (explain) _____	( <u>8</u> X <u>16</u> )	( <u>128</u> )
	<input type="checkbox"/> Conditional Use: (explain) _____	( ) ( )	( )
	<input type="checkbox"/> Other: (explain) _____	( ) ( )	( )

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.

Owners: Dorson Shelby Virginia Bunker Date \_\_\_\_\_

(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 \_\_\_\_\_

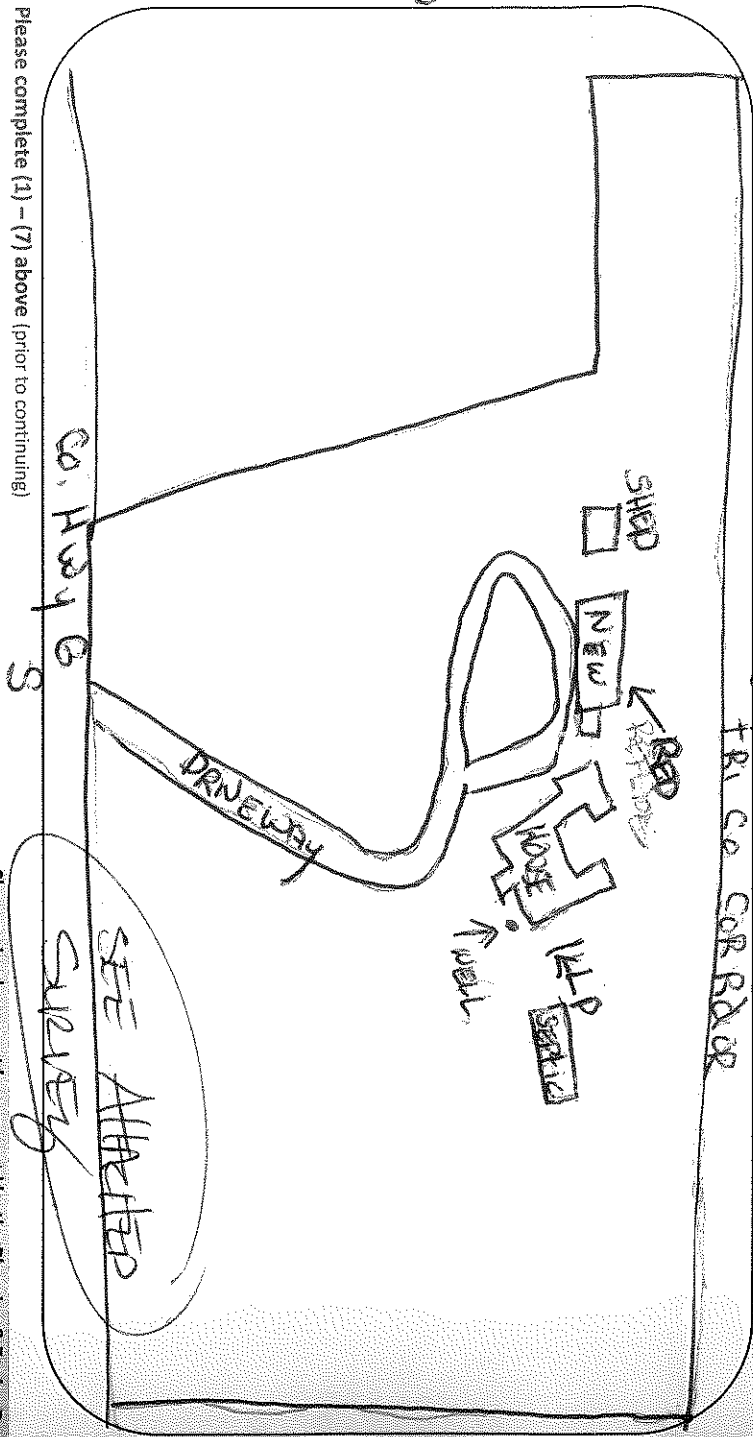
Address to send tax statement \_\_\_\_\_

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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	4'00 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	3'80 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	100' FT Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	7'-3'80 Feet	Setback from Wetland	4'-2'00 Feet
Setback from the West Lot Line	4'-4'30 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	4'-3'30 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	4'-1'50 Feet	Setback to Well	4'-1'50 Feet
Setback to Drain Field	4'-1'50 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 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.

12-0069 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  
 12-0005  
 12-5335

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)**

Permit Denied (Date): \_\_\_\_\_ Sanitary Number: 1-5335 # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 15-01165 Permit Date: 10-17-15

Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<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 Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<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

Granted by Variance (B.O.A.) Case #: \_\_\_\_\_ Previous/Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No

Were Property Lines Surveyed  Yes  No

Inspection Record: \_\_\_\_\_

Date of Inspection: 12-16-15 Inspected by: COOPER BARK WURST

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

Zoning District: (A-1)

Lakes Classification: (N/A)

Date of Re-Inspection: \_\_\_\_\_

Buildings shall NOT BE USED FOR SLEEPING PURPOSES/  
 HUMAN HABITATION. NO INTERIOR PLUMBING FIXTURES OR CONNECTIONS  
 TO PRESSURIZED WATER UNLESS APPROVED CONNECTION TO  
 DATE OF APPROVAL: 12-17-15

Signature of Inspector: \_\_\_\_\_

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: