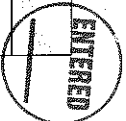


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 DECEMBER 10  
 Date Stamp (Received)  
 NOV 12 2015  
 Bayfield Co. Zoning Dept

Permit #: 16-0003  
 Date: 1-5-16  
 Amount Paid: \$75  
 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: Michael Eversbee + Beth Mailing Address: PO Box 68 City/State/Zip: Carle WI 54821 Telephone: 952 491 1139

Address of Property: 43315 KAMARUWA RD City/State/Zip: Carle WI 54821 Contractor Phone: Plumber: Plumber Phone: \_\_\_\_\_

Contractor: Scott King 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: S18-743W-R07UD Part 1 Legal Description: PLEASE CHOOSE PIN: (23 digits) 04-012-2-43-07-18-300-115 Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s) \_\_\_\_\_

Section: 1/4, Township: 1/4 N, Range: 1/4 W Town of: Carle Lot Size: \_\_\_\_\_ Acreage: .67

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>2500</u>	<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 type="checkbox"/> 1-Story <input checked="" 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 type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: 16' Width: 8' Height: 36 ft

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<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 Attached Garage		( ) ( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)		( ) ( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( ) ( )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Deck</u>		( <u>8 x 16</u> )	<u>128'</u>
<input type="checkbox"/> Accessory Building (specify) _____		( ) ( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		( ) ( )	
<input type="checkbox"/> Special User: (explain) _____		( ) ( )	
<input type="checkbox"/> Conditional Use: (explain) _____		( ) ( )	
<input type="checkbox"/> Other: (explain) _____		( ) ( )	

Secretarial Staff

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): [Signature] Date: 12-28-15

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

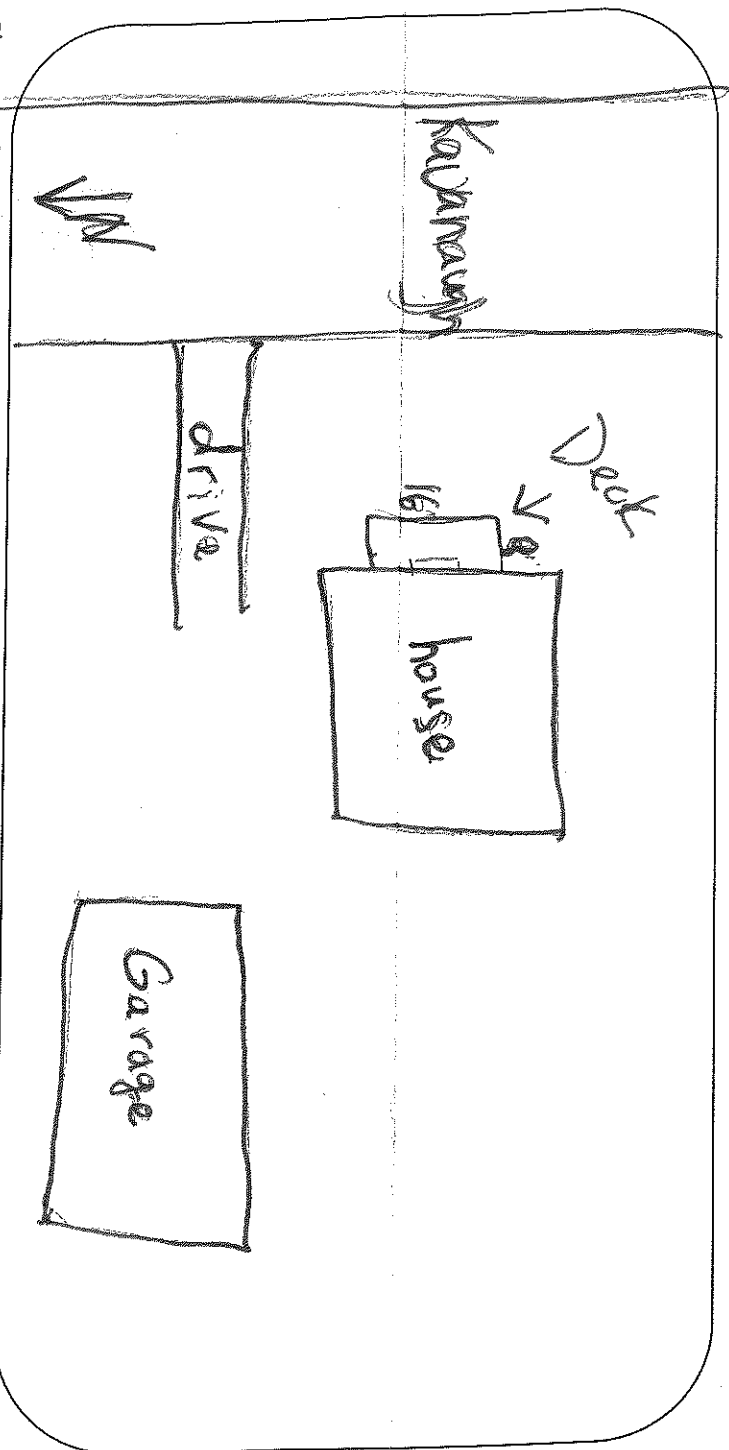
Address to send permit: \_\_\_\_\_

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
 Attach  
 If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:**
- (2) Show / Indicate:
    - (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
    - (3) Show Location of (\*):
    - (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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	50	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	40	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	26	Setback from Wetland	NA
Setback from the West Lot Line	23	20% Slope Area on property	NA
Setback from the East Lot Line	32	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	NA	Setback to Well	NA
Setback to Drain Field	NA		
Setback to Privy (Portable, Composting)	NA		

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)**

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

Permit #: 16-0003 Permit Date: 1-5-16

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

Is Parcel in Common Ownership  Yes (Placed/Conjunctive Lots)  No

Is Structure Non-Conforming  Yes  No

Granted by Variance (B.O.A.)  Yes  No Case #: \_\_\_\_\_

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Mitigation Required Mitigation Attached  Yes  No

Affidavit Required Affidavit Attached  Yes  No

Was Parcel Legally Created  Yes  No

Was Proposed Building Site Delineated  Yes  No

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

Inspected by: JK

Date of Inspection: 11-19-15

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

Signature of Inspector: [Signature] Date of Approval: 1-28-15

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