

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
 AUG 14 2015
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	116-0001
Date:	1-4-16
Amount Paid:	
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: Town of Clover

Address of Property: 80555 Clover Country Rd

City/State/Zip: Hobbs WI 54844

Mailing Address: PO Box 94

Contractor: Nelson Surveying

Contractor Phone:

Agent Phone: 734-3595

Agent Mailing Address (include City/State/Zip): PO Box 94

Written Authorization Attached: Yes No

PROJECT LOCATION: SE 1/4, NE 1/4

Legal Description: (Use Tax Statement)

Gov't Lot:

Lot(s):

CSM:

Vol & Page:

Lot(s) No.:

Block(s) No.:

Subdivision:

Volume: #1

Recorded Document (i.e. Property Ownership): 11515 & 11516

Pages: 165

Section: 10, Township 50 N, Range 7 W

Town of: Clover

Lot Size:

Acres: 6

Two (2) Parcels in

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Distance Structure is from Shoreline: _____ feet

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
\$ -	<input 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 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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input 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 checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)

Proposed Construction:

Length: _____ **Width:** _____

Height: _____ **Height:** _____

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

REC'D for Issuance
 JAN 04 2016
 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): _____ **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:** 8-17-15

You are signing on behalf of the owner(s) a letter of authorization must accompany this application

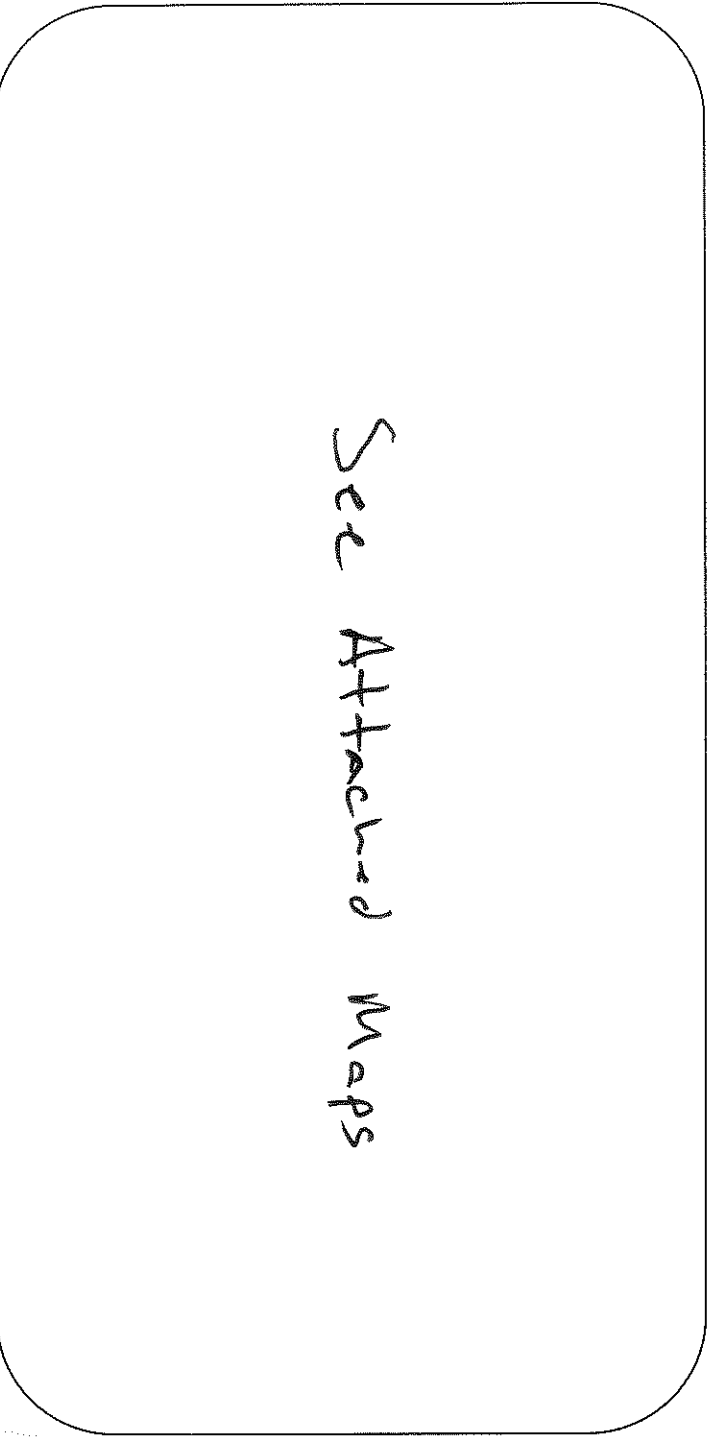
Address to send permit: PO Box 94 Hobbs WI 54844

Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Note: A large handwritten 'X' is drawn over the bottom half of the table, indicating that the setbacks are not applicable.

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)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0001	Permit Date: 1-4-16			
<input type="checkbox"/> Is Parcel a Sub-Standard lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes WNo <input type="checkbox"/> No	Case #: NA	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes WNo <input type="checkbox"/> No	Case #: NA	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached
Inspection Record: Town Property as surveyed by Nelsons Surveying. Expansion of existing Cemetery		Inspected by: Robert Schickman		Zoning District: (M) Lakes Classification: (-)
Date of Inspection: 8/14/15		Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		
Signature of Inspector: <i>[Signature]</i>		Date of Approval: 14/2016		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Bayfield County, WI



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SENT BY ZONING

Receiving approval from the Planning and Zoning Committee at the meeting does not authorize the beginning of