

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  
 OCT 23 2015

ENTERED

Permit #:	16-0007
Date:	1-7-16
Amount Paid:	\$100
Refund:	1-7-16

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.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED:  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: **Douglas Barnett** Mailing Address: **CMR 445 PO Box 347** City/State/Zip: **APO AE 09046** Telephone: \_\_\_\_\_

Address of Property: **90150 Pageant Rd.** City/State/Zip: **Bayfield WI 54814** Cell Phone: \_\_\_\_\_

Contractor: **Tomy Mitchell** Contractor Phone: **715.292.3785** Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **Kristin Miller (WADP)** Agent Phone: **262.251.8691** Agent Mailing Address (include City/State/Zip): **W174N4460 Devonwood Rd. Menomonie Falls WI 53051** Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot: **5** Lot(s): **1** CSM: **1598** Vol & Page: **V.9 P.278** Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume: \_\_\_\_\_ Page(s): \_\_\_\_\_

Section: **20**, Township: **51** N, Range: **03** W Town of: **Russell** Lot Size: \_\_\_\_\_ Acreage: **4.64**

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

RE 605 SHE OF SKIRWAY BUT NOT POSSIBLE

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
\$ 2000 +	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" 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 type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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

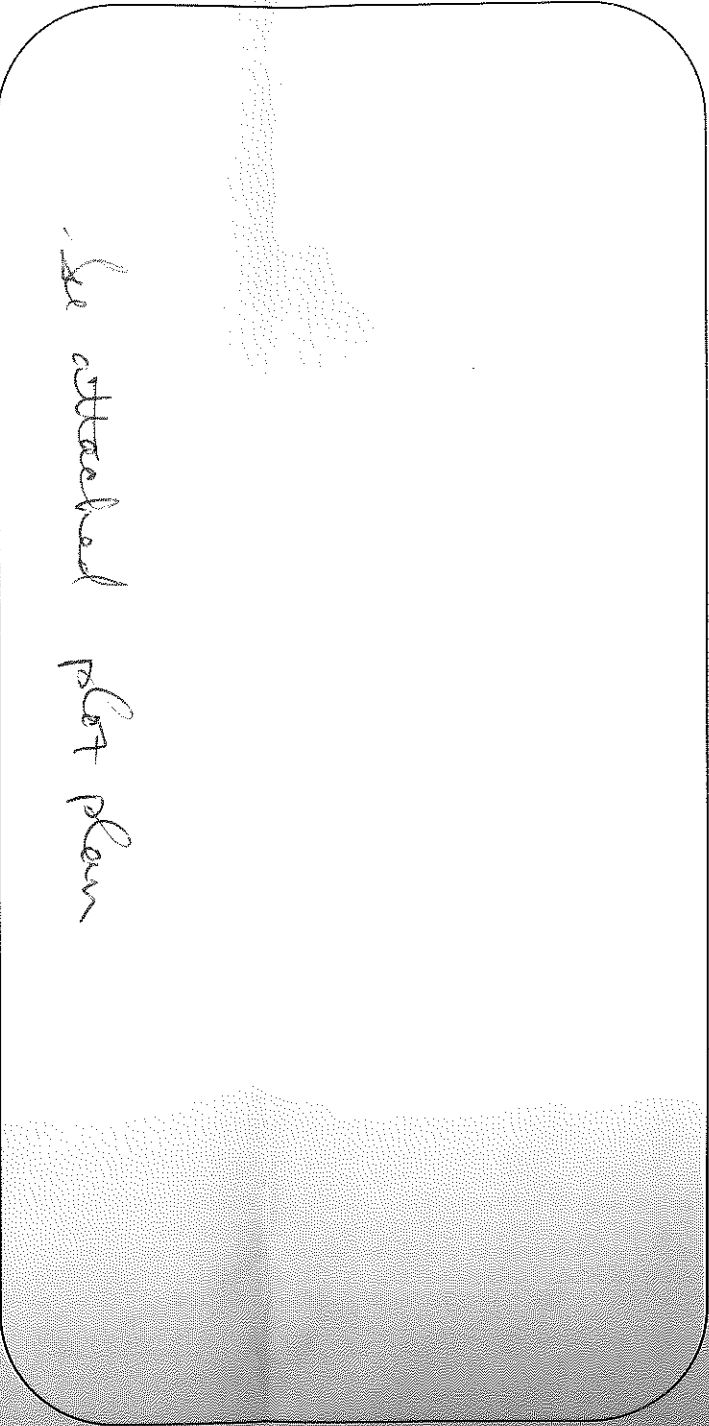
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) ( )	( )
	Residence (i.e. cabin, hunting shack, etc.)	( ) ( )	( )
	with Loft	( ) ( )	( )
	with a Porch	( ) ( )	( )
	with (2 <sup>nd</sup>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

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): W. Barnett Date: 10.15.15  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: W. Barnett Date: 09.24.15  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
 Address to send permit: W174N4460 Devonwood Rd. Menomonie Falls WI 53051  
 Copy of Tax Statement Attach  
 APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attache 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)

Measurements per attachment Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	1058 Feet	Setback from the River, Stream, Creek	0 Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	0 Feet
Setback from the South Lot Line	52 Feet	Setback from Wetland	0 Feet
Setback from the West Lot Line	1025 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	0 Feet	Elevation of Floodplain	0 Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	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 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: N/A # of bedrooms:      Sanitary Date:     

Permit Denied (Date):      Reason for Denial:     

Permit #: 16-0007 Permit Date: 17-16

Is Parcel a Sub-Standard Lot  Yes  No  
 Is Parcel in Common Ownership  Yes (Deed of Record)  No  
 Is Structure Non-Conforming  Yes  No  
 Granted by Variance (B.O.A.)  Yes  No Case #:      Previously Granted by Variance (B.O.A.)  Yes  No Case #:     

Was Parcel Legally Created  Yes  No  
 Was Proposed Building Site Delineated  Yes  No Not Surveyed  
 Were Property Lines Represented by Owner  Yes  No  
 Was Property Surveyed  Yes  No

Inspection Record: stewerage to go in main area of bluff.  
Warp  
 Zoning District:       
 Lakes Classification:     

Date of Inspection: 8-10-15 Inspected by:      Date of Re-Inspection:     

Conditions: Town, Committee or Board Conditions Attached?  Yes  No - (if No they need to be attached)  
Stewerage shall not exceed 4ft in width. Landings shall not exceed 4ft in width & shall not exceed 40 sq ft.

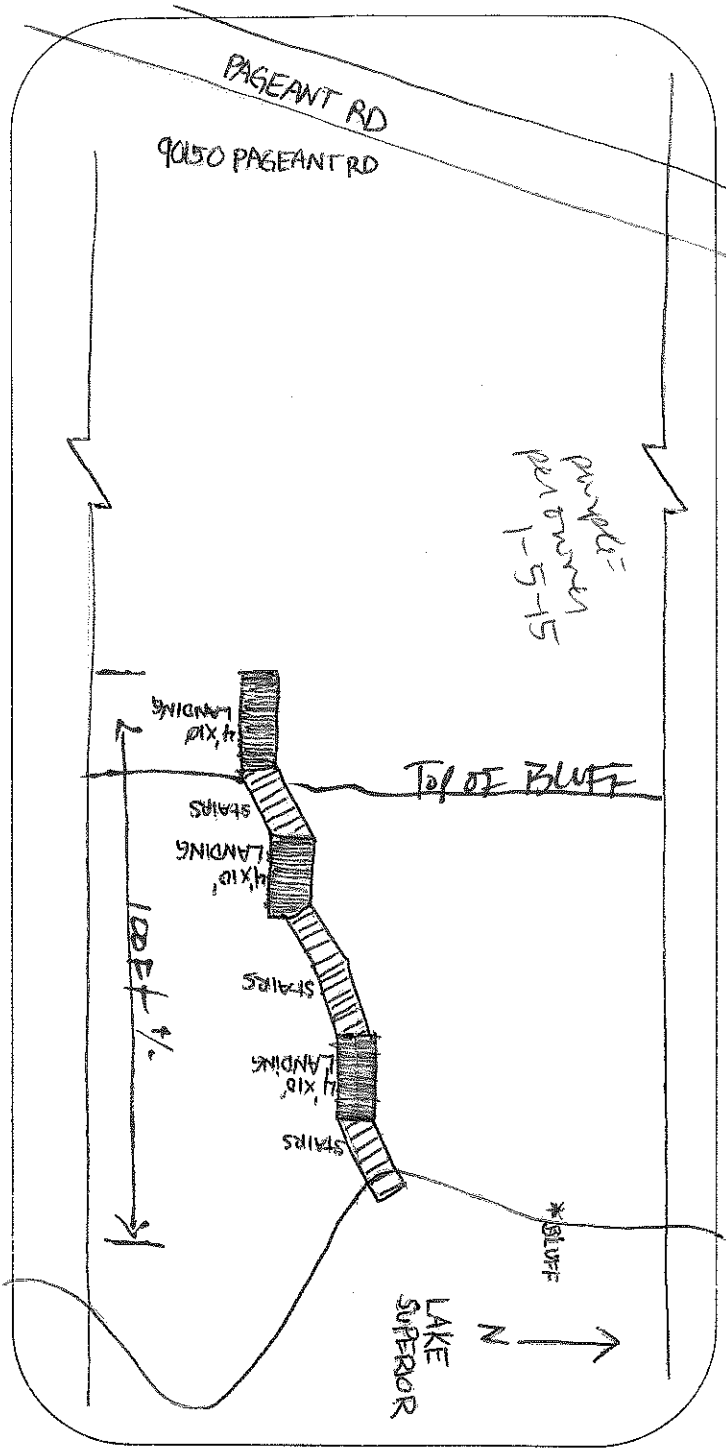
Signature of Inspector:      Date of Approval: 1-5-15

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

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
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  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT); and Bayfield Co. Zoning Dept.
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):

**R E C E I V E D**  
DEC 10 2015  
Bayfield Co. Zoning Dept.



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	105.8 Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	7.5 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	50 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	102.5 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	0 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		

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 The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #:	Permit Date:		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Continuous Lots) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Mitigation Required <input type="checkbox"/> Yes <input type="checkbox"/> No Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Required <input type="checkbox"/> Yes <input type="checkbox"/> No Affidavit Attached
Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No Zoning District ( ) <input type="checkbox"/> Yes <input type="checkbox"/> No Lakes Classification ( )
Inspection Record:			
Date of Inspection:	Inspected by:		Lakes Classification ( ) Date of Re-Inspection:

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

Signature of Inspector:	Date of Approval:
Hold For Fee:	Hold For Fee: