

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

8805 LU + \$100 FW

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
DEC 17 2015

ENTERED

| | |
|--------------|---------|
| Permit #: | 16-0013 |
| Date: | 1-15-16 |
| Amount Paid: | \$985 |
| 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 BY BAYFIELD CO. ZONING DEPT.

| | | | | |
|--|--|--|--|---|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | Owner's Name: <u>Gary & Linda Seidler</u> | Mailing Address: <u>8221 Big Bend Rd Washburn WI</u> | City/State/Zip: <u>53185</u> | Telephone: <u>262-706-3292</u> |
| Address of Property: <u>43635 Duck Pt Rd</u> | City/State/Zip: <u>Cable WI 54821</u> | Contractor Phone: <u>794-2685</u> | Plumber: <u>530-0089 Call</u> | Plumber Phone: <u>262-215-3056</u> |
| Contractor: <u>Hoan Enterprises</u> | (715) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Authorized Agent: (person signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | | |
| PROJECT LOCATION: <u>1/4 1/4</u> | Legal Description: (Use Tax Statement) <u>034-2-43-06-13-2-00-207-3400</u> | PIN: (23 digits) | Recorded Document: (i.e. Property Ownership) Volume <u>1271</u> Page(s) <u>422</u> | |
| Gov't Lot: <u>1/4</u> | Gov't Lot: <u>1/4</u> | Lot(s): <u>31</u> | Block(s) No.: | Subdivisions: <u>NANAKOPE LAKE SHORE Sold.</u> |
| Vol & Page: <u>31</u> | Vol & Page: <u>31</u> | Lot(s) No.: | Block(s) No.: | Lot Size <u>4.3</u> Acreage |
| Section <u>13</u> , Township <u>43</u> N, Range <u>06</u> W | Town of: <u>NANA KAPOU</u> | | | |

| | | | | |
|---|---|---|--|--|
| <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? | <input type="checkbox"/> Distance Structure is from Shoreline: <u>41</u> feet | <input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Non-Shoreland | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage | <input type="checkbox"/> Distance Structure is from Shoreline: <u>41</u> feet | | |

| 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 |
|--|---|--|---|--|---|---|
| \$275,000 | <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 checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation | <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"/> None | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>PAVING</u> <input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for, is relevant to it) Length: 60'-0" Width: 32'-6" Height: 15'-0"
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 nd) Deck | () () | () |
| | with (2 nd) Deck | () () | () |
| | with Attached Garage | () () | () |
| <input type="checkbox"/> Commercial Use | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | () () | () |
| | Mobile Home (manufactured date) | () () | () |
| <input checked="" type="checkbox"/> Municipal Use | Addition/Alteration (specify) <u>12x12 mudroom 24x30 Garage 60</u> | () () | <u>1104</u> |
| | Accessory Building (specify) | () () | () |
| | Accessory Building Addition/Alteration (specify) | () () | () |
| | Rec'd for Issuance | () () | () |
| | JAN 15 2016 | () () | () |
| | Special Use: (explain) | () () | () |
| | Conditional Use: (explain) | () () | () |
| | 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 all reasonable times for the purpose of inspection.

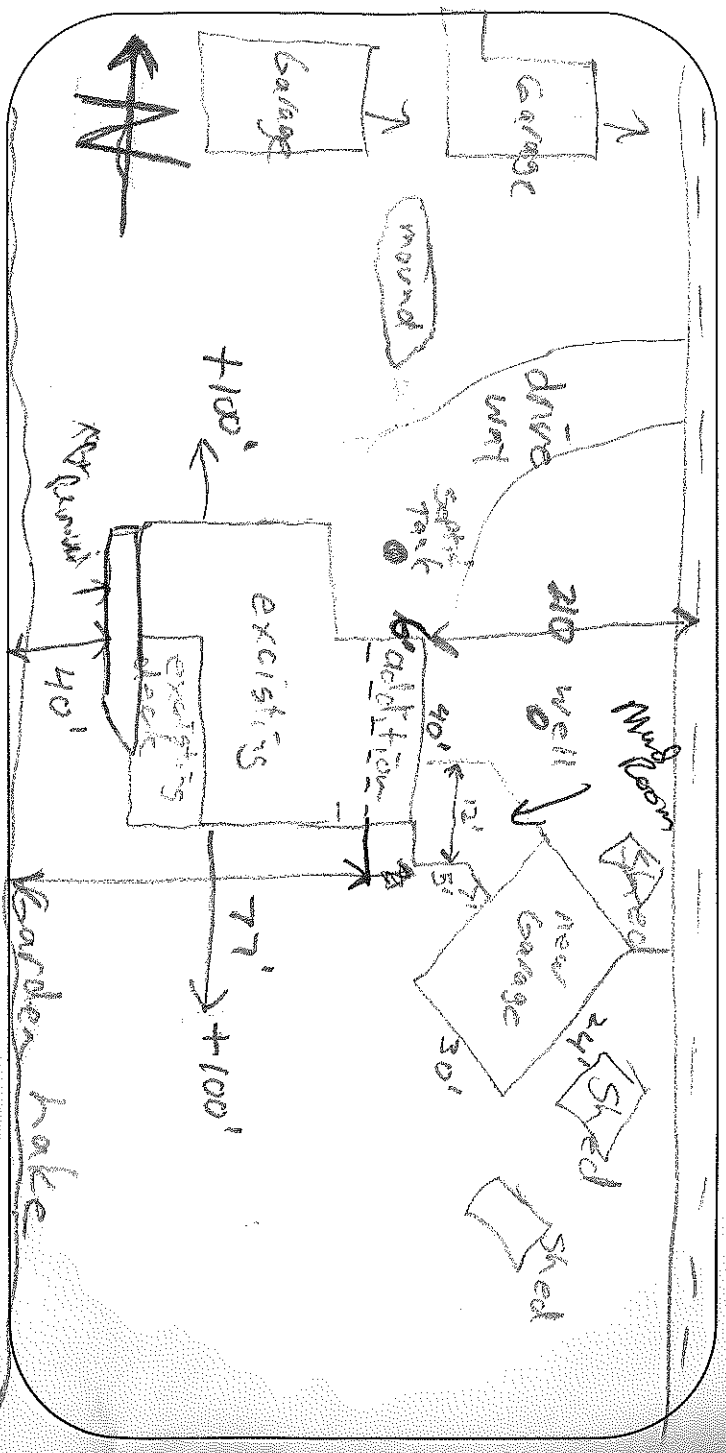
Owner(s): Gary & Linda Seidler Date 11-19-15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit Scott Hoan 23055 Missionary Pt Cr Attach Copy of Tax Statement
Cable WI 54821 If you recently purchased the property send your Recorded Deed

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 | 210 Feet | Setback from the Lake (ordinary high-water mark) | 40 Feet |
| Setback from the Established Right-of-Way | | Setback from the River, Stream, Creek | |
| Setback from the North Lot Line | + 100 Feet | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | + 100 Feet | Setback from Wetland | |
| Setback from the West Lot Line | 40 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 210 Feet | Elevation of Floodplain | |
| Setback to Septic Tank or Holding Tank | 107 Feet | Setback to Well | |
| Setback to Drain Field | 107 Feet | | |
| Setback to Privy (Portable, Composting) | | | |

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 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 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: 41920 | # of bedrooms: 3 | Sanitary Date: 8-6-1976 |
| Permit Denied (Date): | Reason for Denial: | | |
| Permit #: 16-0013 | Permit Date: 1-15-16 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous lots) | <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Granted by Variance (B.O.A.) | Case #: 318 / Permit # 5986 | Previously Granted by Variance (B.O.A.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Inspection Record: | | Zoning District (R2S) | |
| Date of Inspection: 12-17-75 + 1/14/16 | Inspector: [Signature] | Lakes Classification | |
| Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If No they need to be attached: | Date of Re-Inspection: | |
| Garage not for human habitation no wets grasses. Must get VOC for Madrason. Deck must be sealed past wist before house. | | | |
| Signature of Inspector: [Signature] | Date of Approval: 1/11/16 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> |