

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 DATE RECEIVED
 MAR 03 2016
 Bayfield Co. Zoning Dept.

ENTERED Permit # 16-0089
 Date: 3-4-16
 Amount Paid: \$840
 Refund: 3-4-16

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.

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

Owner's Name: Jody McRAE Mailing Address: 1500 MacArthur Ave Ashland WI 54806 Telephone: _____
 Address of Property: 26630 Co Hwy C City/State/Zip: Washburn WI 54891 Cell Phone: _____
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: 715 209 7602
 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 Legal Description: (Use Tax Statement) 1/4, 1/4 PIN: (23 digits) 04-008-2-49-05-16-303-000-1000 Recorded Document: (i.e. Property Ownership) _____
 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Page(s) _____
 Section 16, Township T49N N, Range R05 W Town of: Bay View Lot Size _____ Acreage 40

Shoreland → Is Property/Land within 300 feet of River, Stream (ind. in parenthesis) _____ Distance Structure is from Shoreline: _____ feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No
 Is Property/Land within 1000 feet of Lake, Pond or Flowage _____ If yes—continue → Distance Structure is from Shoreline: _____ feet No Yes

Non-Shoreland

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>80,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing site) <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"/> 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 <input type="checkbox"/> Vaulted (min 200 gallon) <input checked="" 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: _____ Width: _____ Height: _____
 Proposed Construction: Length: 80' Width: 52' Height: 12'

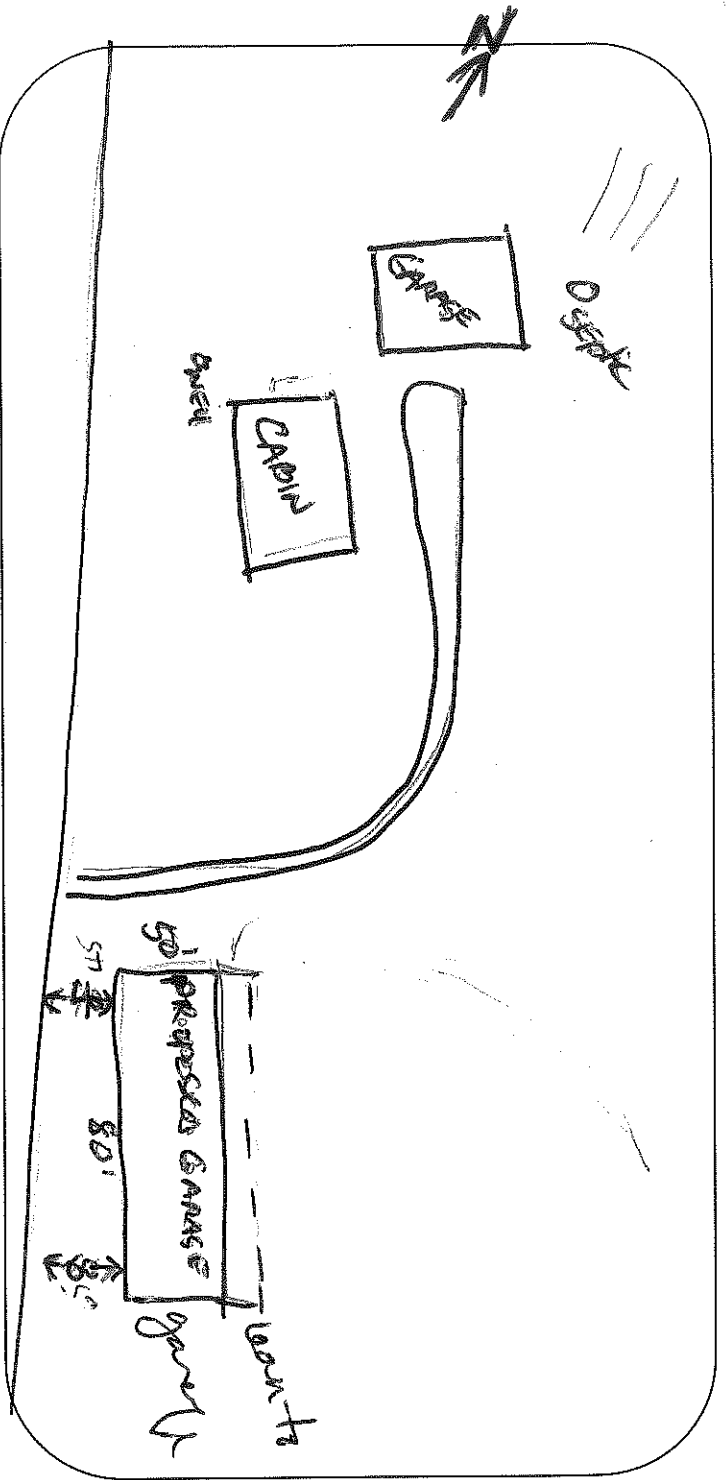
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with a 2 nd Porch with (2 nd) Deck with Attached Garage	() () () () () () ()	() () () () () () ()
<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 type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____ Accessory Building (specify) <u>GARAGE W/ 12 X 80 (VAN) ()</u> Accessory Building Addition/Alteration (specify) _____	() () ()	() () ()
Rec'd for Issuance <input type="checkbox"/>	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 any reasonable time for the purpose of inspection.

Owner(s): Jody McRae Date 3/4/16
 (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 _____
 Attach _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

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

- Proposed Construction
- (*) North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (*) 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	40 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1700 1/2 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	850 1/2 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	920 1/2 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200 1/2 Feet	Setback to Well	Feet
Setback to Drain Field	250 1/2 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)

Permit Denied (Date): _____ Reason for Denial: _____

Sanitary Number: **12-085** # of Bedrooms: **3** Sanitary Date: _____

Permit #: **16-0059** Permit Date: **3-4-16**

Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> Yes <input 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 Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> Yes <input 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
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Granted by Variance (B.O.A.) **House = special Use Case #:** **12-0061**

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspected by: **J. Greenberg, N. Updyke**

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

NO INDOOR PLUMBING FIXTURES OR PRESSURIZED WATER WELLS APPROVED CONNECTION TO PANTS. NOT APPROVED FOR HUNTING HABITATION

Inspection Record: **Site well staked. County trusting blue print on property line from recent driveway.**

Date of Inspection: **3-4-16** Inspected by: **J. Greenberg, N. Updyke**

Zoning District: **(E-1)**

Lake Classification: **(N/A)**

Date of Re-Inspection: _____

Signature of Inspector: _____ Date of Approval: **3-4-16**

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