

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 Date stamp (received)  
 FEB 15 2016  
 Bayfield Co. Zoning Dept.

ENTERED Permit # 16-0081  
 Date: 3-7-16  
 Amount Paid: \$75  
 Refund: 3-7-16

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.

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

Owner's Name: NEO & KATHY ZUESDORFF Mailing Address: 14795 N RIVERSIDE RD, CABLE, WI 54821 Telephone: 715-798-5049

Address of Property: 14795 N RIVERSIDE RD City/State/Zip: CABLE WI 54821 Cell Phone: 715-558-3611

Contractor: STERMAN BAGS Contractor Phone: 800-464-6220 Plumber: \_\_\_\_\_ Plumber Phone: \_\_\_\_\_

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: 1/4, \_\_\_\_\_ 1/4 Gov't Lot 5 Lot(s) 1132 CSM 7 Vol & Page 135 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) 04-012-2-43-07-17-403-000 Volume 7 Page(s) 135

Section 12, Township 43 N, Range 7 W Town of: CABLE Lot Size \_\_\_\_\_ Acreage 3.48

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 <small>* include donated time &amp; material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>23,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>_____</u>	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>_____</u>	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> City <input type="checkbox"/> Well
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 32 Width: 32 Height: 13'

Proposed Construction: Length: 32 Width: 32 Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> with Loft	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> with a Porch	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> with a Deck	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <u>_____</u> )	( <u>_____</u> )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> Addition/Alteration (specify) _____	( <u>_____</u> )	( <u>_____</u> )
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Pole bldg - storage</u>	( <u>32 x 32</u> )	( <u>1024</u> )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> Special User: (explain) _____	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> Conditional User: (explain) _____	( <u>_____</u> )	( <u>_____</u> )
	<input type="checkbox"/> Other: (explain) _____	( <u>_____</u> )	( <u>_____</u> )

Rec'd for Issuance  
 MAR 07 2016

Secretarial Staff  
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
 I (we) declare that the application and 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 in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described project and any reasonably necessary information I (we) am (are) providing in or with this application. I (we) further accept liability which may be a result of Bayfield County retaining 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 project and any reasonably necessary information I (we) am (are) providing in or with this application. I (we) further accept liability which may be a result of Bayfield County retaining this information.

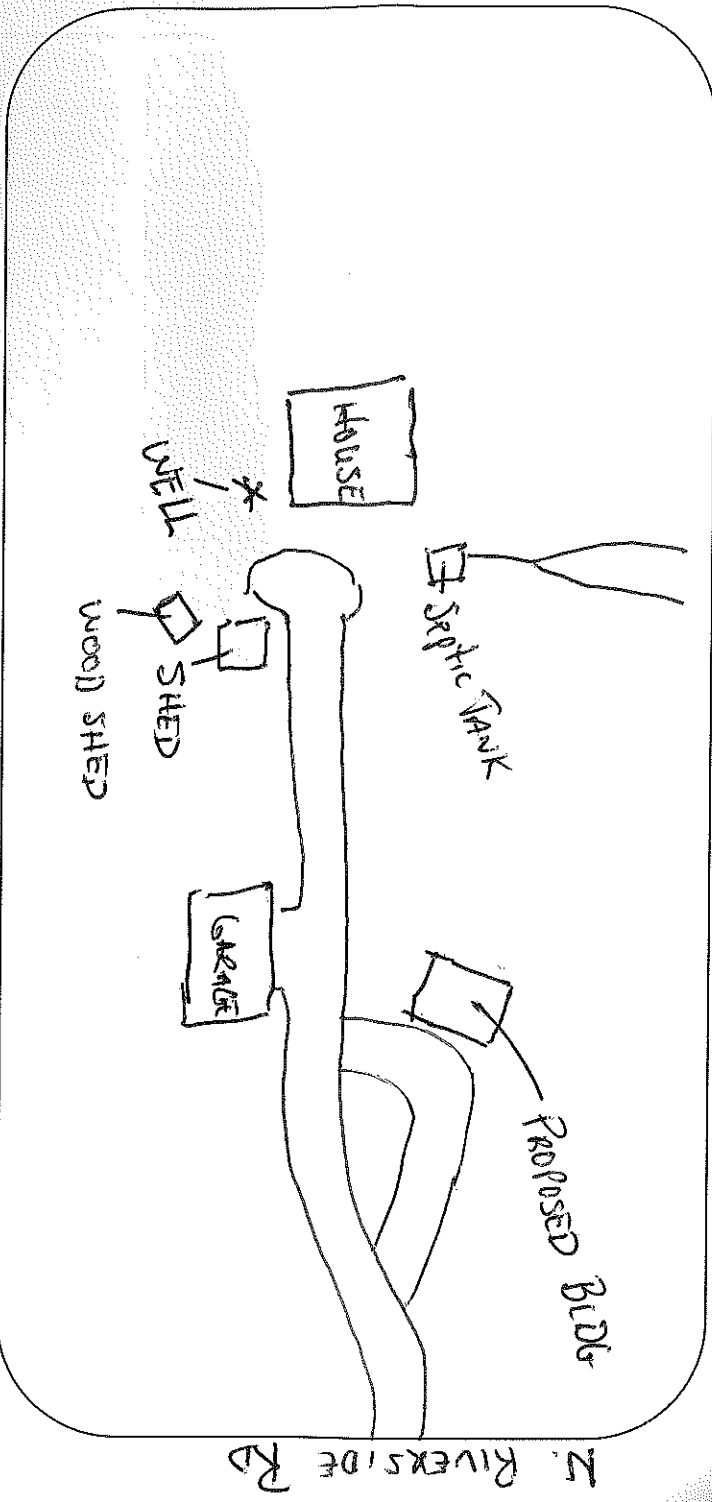
Owner(s): NEO & KATHY ZUESDORFF Date 2-9-16  
 (If there are Multiple Owners, list each on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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

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	+150 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	+120 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	+120 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	+200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	+200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	+150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	+150 Feet	Setback to Well	160 Feet
Setback to Drain Field	+150 Feet		
Setback to Privy (Portable, Composting)	150 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): \_\_\_\_\_ Sanitary Number: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Sanitary Date: \_\_\_\_\_

Permit #: 16-0031 Permit Date: 3-7-16

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous Lot(s))  No  No

Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: Bldg Site Marked

Date of Inspection: 3-7-16 Inspected by: PTAKLES Zoning District: RES

Conditions/Town Committee or Board Conditions Attached? Yes  No  No (if No, why need to be attached)

Not for human habitation - no water under pressure

Signature of Inspector: Paul Parks Date of Approval: 3-7-16

Hold For Sanitary:  \_\_\_\_\_ Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_ Hold For Fees:  \_\_\_\_\_