

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
 MAR 11 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0085
Date:	3-23-16
Amount Paid:	\$95
Refund:	3-23-16

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: **BRUCE EHLERS**
 Address of Property: **89460 EAST ROMANS DR RD**
 City/State/Zip: **CORNUCOPIA, WI 54027**
 Mailing Address: **2530 E 34th ST APT 108 MINNEAPOLIS MN 55406**
 Telephone: _____
 Cell Phone: **715-209-0419**
 Plumber Phone: _____

Contractor: **STEVE DENKER**
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: **715-742-3914**
 Plumber: **NONE**
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: **1/4, 1/4**
 Legal Description: (Use Tax Statement) _____
 PIN: (23 digits) **04-010-2-51-06-29-1 05-003-1000**
 Recorded Document: (i.e. Property Ownership) Volume **766** Page(s) **569**

Section **29**, Township **51** N, Range **6** W
 Town of: **BELL**

Shoreland Is Property/Land within 300 feet of River, Stream (and 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

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
\$25,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Aleration <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 Specify Type: _____ <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or 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: **28** Width: **24** Height: **18**
 Proposed Construction: _____

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 Attached Garage	() () () () () ()	() () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) Addition/Aleration (specify) Accessory Building (specify) Accessory Building Addition/Aleration (specify)	() () () ()	() () () ()
	Rec'd for Issuance MAR 22 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 any reasonable time for the purpose of inspection.

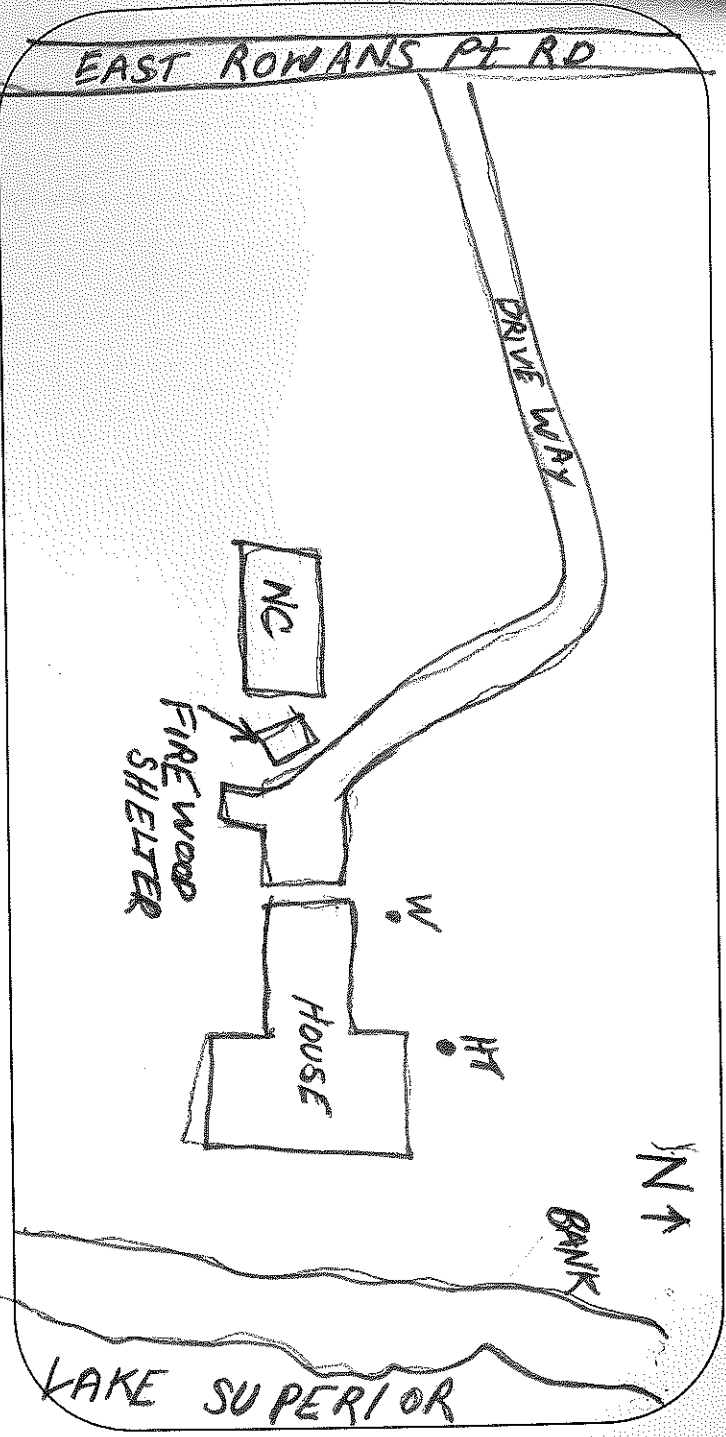
Owner(s): **Bruce Ehlers & Patience Spahr** Date **3-11-16**
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: _____
 (If you recently purchased the property send your Recorded Deed)

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
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (2) Show / Indicate:
 - All Existing Structures on your Property
 - (3) Show Location of (*):
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (4) Show:
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (5) Show any (*):
 - (*) Wetlands; or (*) Slopes over 20%
 - (6) Show any (*):
 - (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

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

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	223 Feet	Setback from the Lake (ordinary high-water mark)	197 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	167 Feet
Setback from the North Lot Line	142 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	89 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	2108 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	797 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	119 Feet	Setback to Well	74 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 the previously surveyed corner or marked by a licensed surveyor at the owner's expense.

~~297801~~ ~~210039~~ ~~210039~~ ~~210039~~

297801 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

98-0311 210039' \$20
 NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 The local Town, Village, City, State or Federal agencies may also require permits.
 unless from 15% map
 owner 1 yr schedule

Issuance Information (County Use Only)

Permit Denied (Date): _____ Reason for Denial: _____ Sanitary Number: 297801 # of bedrooms: _____ Sanitary Date: 10-6-98

Permit #: 100035 Permit Date: 3-23-16

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

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

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No

Case #: _____

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Previously Granted by Variance (B.O.A.) Yes No

Case #: _____

Affidavit Required Yes No Affidavit Attached Yes No

Date of inspection: 3-15-16 Inspected by: [Signature] *100035 MURPHY*

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

Building shall not be used for human habitation & shall not have interior plumbing fixtures connected to sewerage system.

Signature of Inspector: [Signature]

Date of Re-Inspection: _____

Zoning District: (R-1)

Lakes Classification: (1-Superior)

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

Date of Approval: 3-18-16