

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)
 MAR 28 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-00940
 Date: 3-31-16
 Amount Paid: \$120
 Refund: 3-31-16

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: Adam Larson
 Address of Property: 27990 Woodland Rd.
 City/State/Zip: Ashland WI 54806
 Contractor: Michael Witt 54806
 Contractor Phone: _____
 Authorized Agent: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____
 Written Authorization Attached: Yes No

PROJECT LOCATION: S2 1/4, SW 1/4
 Legal Description: (Use Tax Statement)
 PIN: (23 digits) 04-020-2-47-05-28-3 of 000-1000
 Volume 976 Page(s) 844
 Section 28, Township 47 N, Range R05 W
 Town of: Eileen
 Lot Size _____ Acreage 40

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

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
\$40,000	<input checked="" type="checkbox"/> New Construction <input 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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>DELETED</u> <input type="checkbox"/> Privy (Pit) 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: _____ Width: _____ Height: _____
 Proposed Construction: Length: 45' Width: 32' Height: 15'

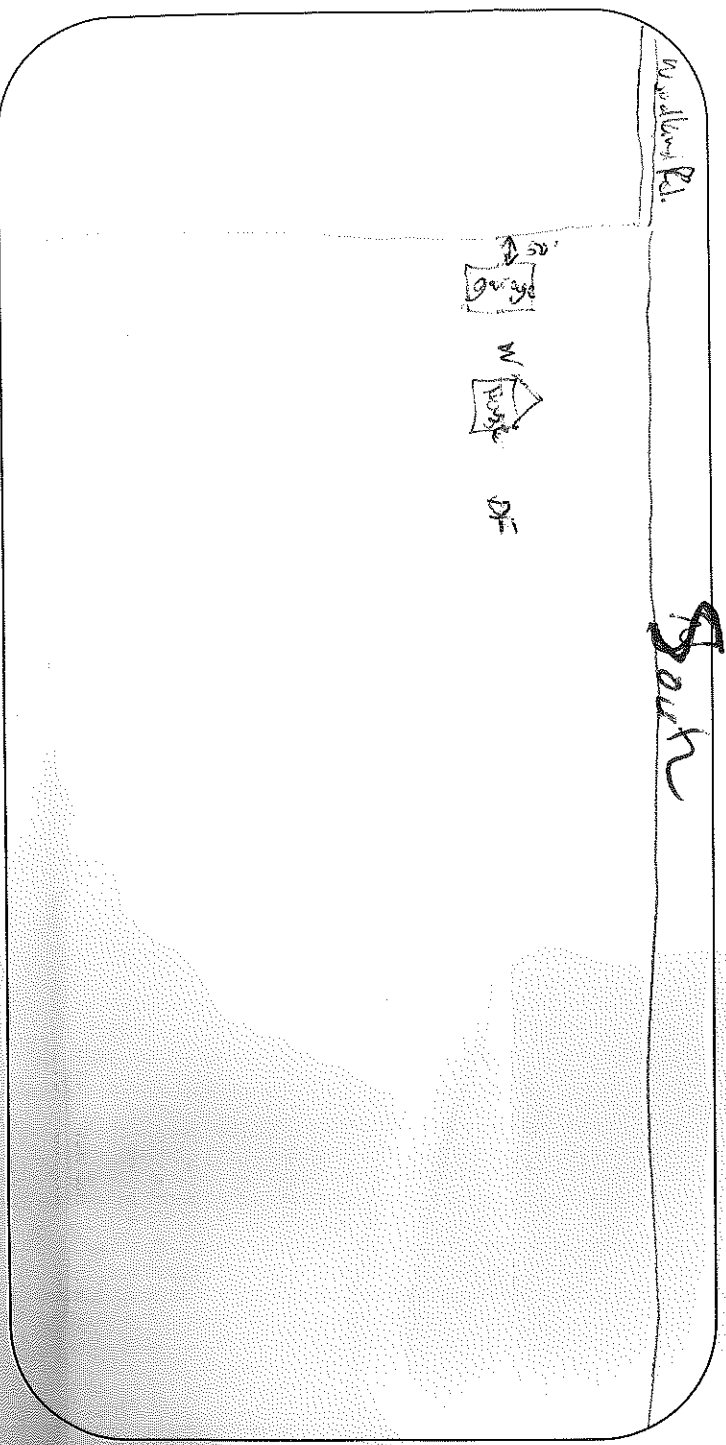
Proposed Use	Proposed Structure	Dimensions		Square Footage
		Length	Width	
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Deck with a Deck with (2 nd) Deck with Attached 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) _____ Addition/Alteration (specify) _____ Accessory Building (specify) <u>Garage</u> Accessory Building Addition/Alteration (specify) _____	() () () () () () () ()	() () () () () () () ()	() () () () () () () ()
<input type="checkbox"/> Municipal Use		()	()	()
Rec'd for issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	() () ()	() () ()	() () ()

SECRETARIAL STAFF
 MAR 31 2016
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 (I/we) declare that the 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 and any reasonable fee for the purpose of inspection.

Owner(s): _____ Date: 3/16/16
 Authorized Agent: _____ Date: _____
 Address to send permit: 27990 Woodland Rd Ashland WI 54806
 APPLICANT: PLEASE COMPLETE/NOT PLAN ON REVERSE SIDE
 Attach Copy of Tax Statement if you recently purchased the property and 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)

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	200 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	180 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1000 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1000 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	50 Feet
Setback to Drain Field	200 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 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:	# of Bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: 16-0041	Permit Date: 3-31-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Direct or Record)	Mitigation Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	Mitigation Attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Granted by Variance (S.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (S.O.A.)	Case #:	Were Property Lines Represented by Owner	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was Parcel Legally Created	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Was Proposed Building Site Delineated	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Inspection Record:	Inspected by: J. Stanley		Zoning District	(A51)	Date of Re-Inspection:
Date of Inspection: 3/30	Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Not for human habitation - no water under pressure					
Signature of Inspector: J. Stanley	Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 3-30-16