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 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

Date Stamp (Required)  
**RECEIVED**  
 APR 19 2016  
 Bayfield Co. Zoning Dept.

ENTERED  
 Permit #:

Date:	16-00584
Amount Paid:	4,201.16
Refund:	18416
	4,201.16

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: MIKE + NICOLE KUBACKI Mailing Address: 2474 PINE CYP City/State/Zip: BARNES, WI 54873 Telephone: \_\_\_\_\_

Address of Property: 48765 RIVER ROAD City/State/Zip: BARNES, WI 54873 Cell Phone: 715-292-2153

Contractor: BRUNES Contractor Phone: \_\_\_\_\_ Plumber: EMMENSEN PLUMBING Plumber Phone: 715-798-3355

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) NE 1/4, NE 1/4 Gov't Lot: \_\_\_\_\_ Lot(s): 1 CSM: 80A Vol & Page: 6 70 Lot(s) No.: \_\_\_\_\_ Block(s) No.: 6000 Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) \_\_\_\_\_ Page(s): \_\_\_\_\_

Section 19, Township 44 N, Range 9 W Town of: BARNES Lot Size: \_\_\_\_\_ Acreage: 7.72

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? NO Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage NO 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
\$ <u>80,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 42 Width: 60 Height: 20

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( <u>40</u> X <u>60</u> )	<u>2400</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( _____ )	
	<input type="checkbox"/> with Loft	( _____ )	
	<input type="checkbox"/> with a Porch	( _____ )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( _____ )	
	<input type="checkbox"/> with a Deck	( _____ )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( _____ )	
	<input type="checkbox"/> 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) _____	( _____ )	
	Accessory Building Addition/Alteration (specify) _____	( _____ )	
	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): Mike + Nicole Date 18 APR 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)

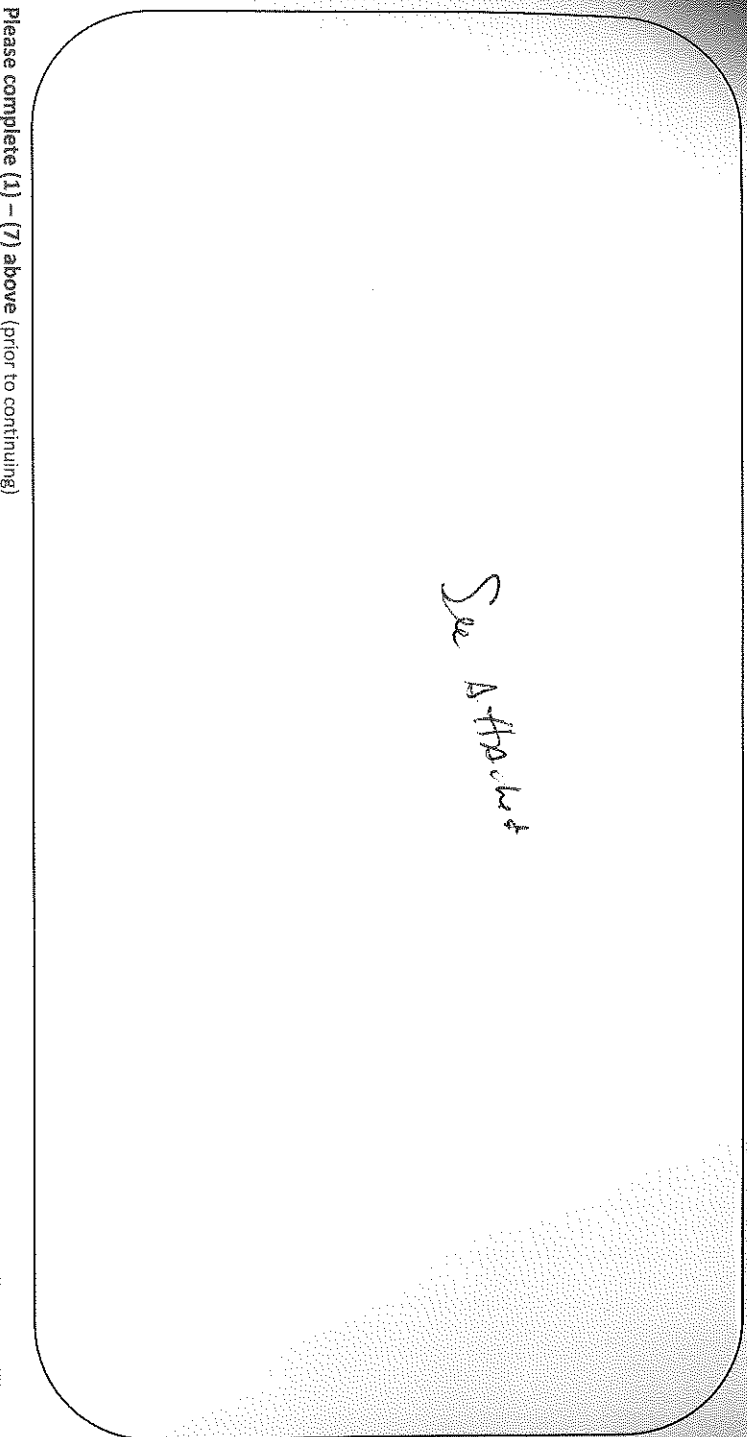
Address to send permit \_\_\_\_\_ Attach Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

Mail Special use building Applicant - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

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

*See Attachments*



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	233 Feet	Setback from the Lake (ordinary high-water mark)	450 +/- Feet
Setback from the Established Right-of-Way	200 Feet	Setback from the River, Stream, Creek	110 Feet
Setback from the North Lot Line	650 Feet	Setback from the Bank or Bluff	110 Feet
Setback from the South Lot Line	228 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	55 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA 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. 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.

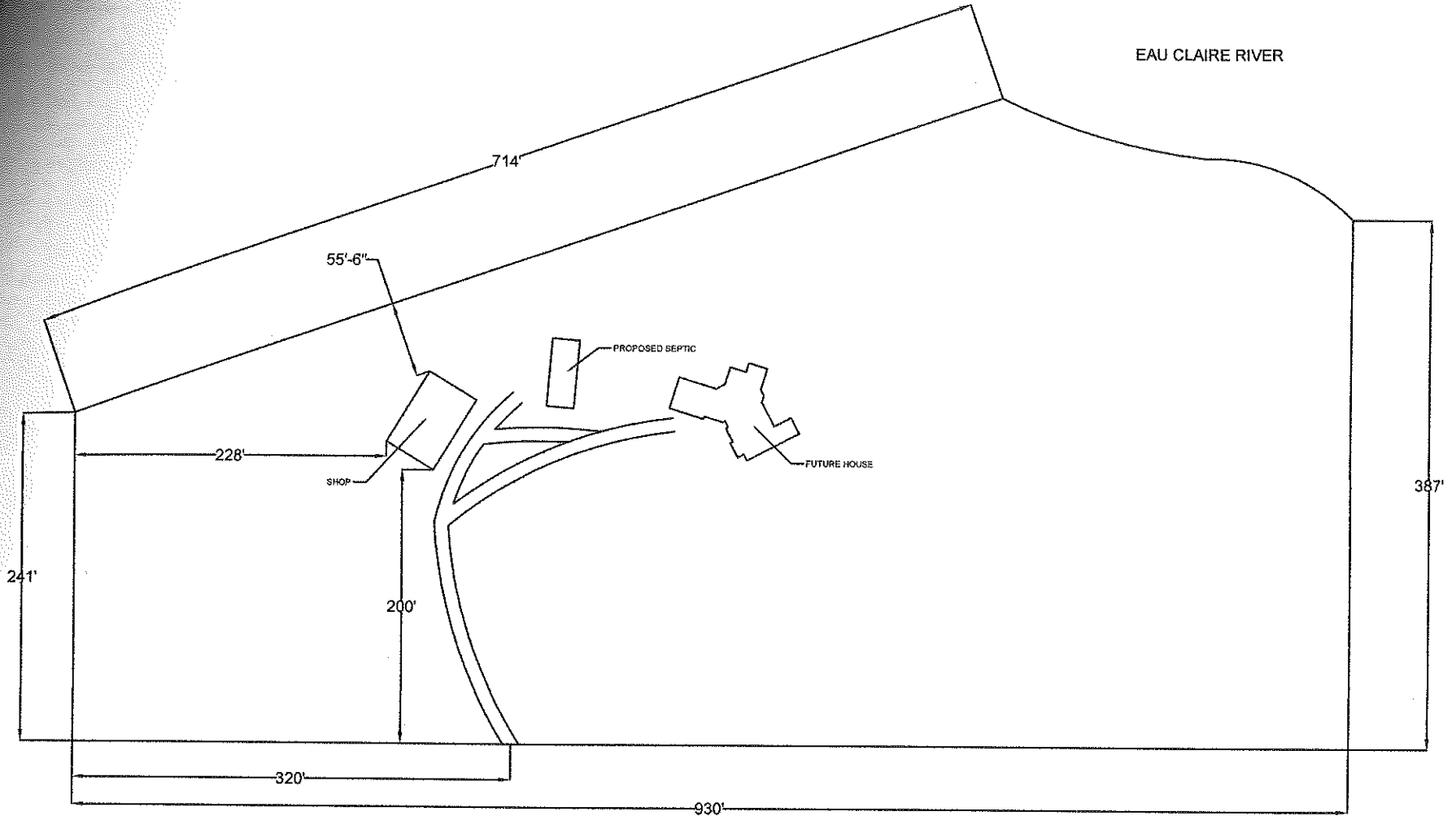
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <i>16-00574</i>	Permit Date: <i>4-20-16</i>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" 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.)	Case #:	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		
Inspection Record:	<i>OK. Saw 1 ft on site</i>			
Date of Inspection: <i>4-19-16</i>	Inspected by: <i>Stowley</i>	Zoning District ( <i>R3</i> )		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
<i>OK</i>				
<i>Not for Rehabilitation.</i>				
Signature of Inspector: <i>Joe Macky</i>	Date of Approval: <i>4/19/16</i>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

SOUTH SHORE ROAD

EAU CLAIRE RIVER



RIVER ROAD