

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

\$1225 + \$100

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
 APR 12 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-0061
 Date: 4-07-16
 Amount Paid: \$1385
 Refund:

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: TERRY MILLER Mailing Address: CABLE, WI City/State/Zip: _____ Telephone: 715 75-3242

Address of Property: APPLETON DR City/State/Zip: _____ Cell Phone: _____

Contractor: RAK VERHOS BUILDERS Contractor Phone: 509 273-8127 Plumber: BRACKMANN Plumber Phone: 622-6050

Authorized Agent: (Person Signing Application on Behalf of Owner(s))
RAK VERHOS Agent Phone: 509 273-8127 Agent Mailing Address (include City/State/Zip): 2083 STARBUEST DR SW ROCHSTER MN 55902 Written Authorization Attached Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 4 Lot(s) W 1/2 3 CSM 655 Vol & Page 11 3M Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) _____ Page(s) _____

Section 32, Township 44 N, Range 7 W Town of: BRACKMANN Lot Size _____ Acreage 1

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Is Property/Land within 1000 feet of Lake, Pond or Flowage

Distance Structure is from Shoreline: 150 feet
 Distance Structure is from Shoreline: 76 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
\$408,330	<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 checked="" type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pri) 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: 70 Width: 76 Height: _____
 Proposed Construction: Length: _____ Width: _____ Height: 28

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>59</u> X <u>28</u>) (<u>8</u> X <u>28</u>) (<u>14</u> X <u>16</u>) (<u>8</u> X <u>8</u>) (<u>12</u> X <u>16</u>) (<u>12</u> X <u>16</u>) (<u>24</u> X <u>36</u>)	<u>1688</u> <u>256</u> <u>64</u> <u>192</u> <u>864</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) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(_____) (_____) (_____) (_____) (_____)	(_____) (_____) (_____) (_____) (_____)
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> 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): _____ Date: 3/31/16
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

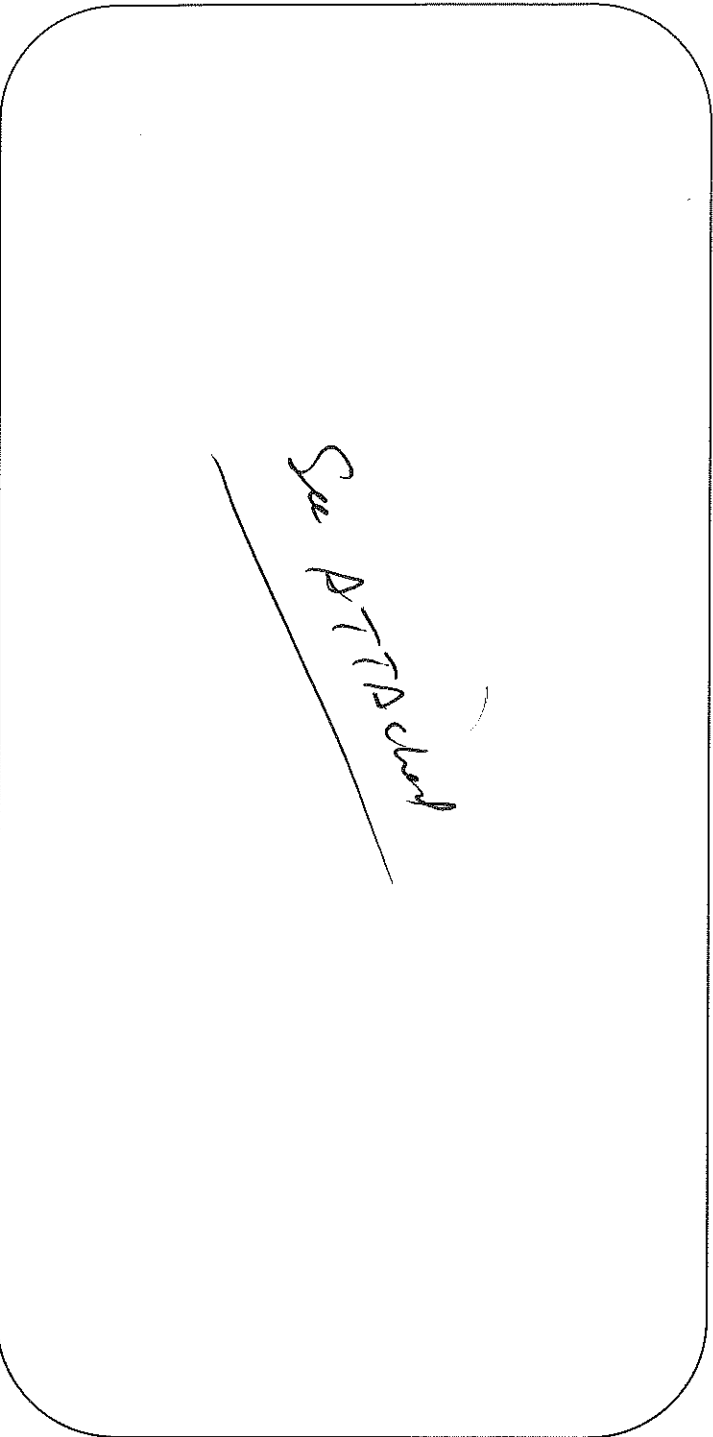
Authorized Agent: [Signature] Date: 3/31/16
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 2083 STARBUEST DR SW ROCHSTER MN 55902 Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

- 107
- Proposed Construction
- (1) Show Location of:
 - (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	117 Feet	Setback from the Lake (ordinary high-water mark)	76 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	76 Feet
Setback from the North Lot Line	76 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	117 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	50 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	10 Feet
Setback to Drain Field	7.5 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) Sanitary Number: 16-15 5 # of bedrooms: 4 Sanitary Date: 4-20-16

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

Permit #: 16-00061 Permit Date: 4-27-16

Is Parcel a Sub-Standard Lot Yes No (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 Yes No
 Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No

Inspection Record: OK

Date of Inspection: 4-12-16 Inspected by: PTorlgy

Conditions: Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)
Must Maintain Setbacks
Must get WDC Permit.

Signature of Inspector: PTorlgy Date of Approval: 4/22/16

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



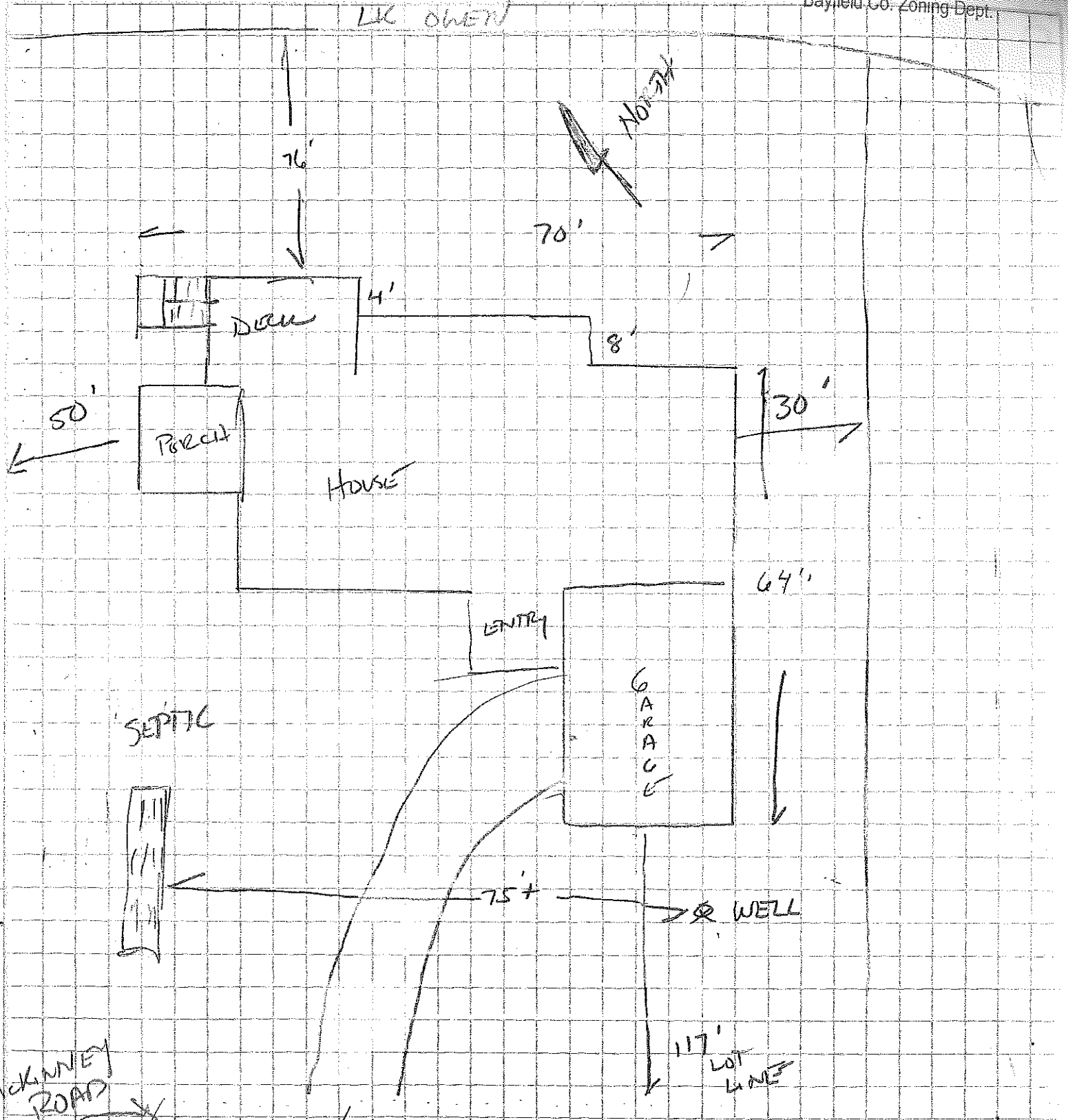
RICK HERROT BUILDERS
587-273-8127

JAY YOUNG
ANDERSEN ARCHITECTURAL SPECIALIST
MORGAN DISTRIBUTION

~~777-897-8346~~

RECEIVED
APR 13 2016
Bayfield Co. Zoning Dept.

DATE 4/8/16 JOB TERRY & RITA MILLER



Drawn by Sheets
Show Location
Show / Indicate
Show Location
Show Location
Show:
(3) Show:
(4) Show:
(5) Show any
(6) Show any
(7) Show any