SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, W! 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

m

152016

Permit #: Refund: Amount Paid: がららって からう

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

Bayfiched Co. Zoning Dept

	×))				Building (specify)	Accessory Building		Isanisa ose
	×)	ب				Addition/Alteration (specify)	Addition/		
	×		, particular de la constanta d		ite)	Mobile Home (manufactured date)	Mobile Ho		
	×)	cooking & food prep facilities) (sleeping quarters, or	Bunkhouse w/ (☐ sanitary, or [Bunkhous		
))				rage	with Attached Garage			Commercial Use
	×	1				with (2 nd) Deck			
72) ×	12)				with a Deck			
	×					with (2 nd) Porch			
			1			with a Porch			Residential Use
192	. <u>.</u> .	į				with Loft			
	× 	,			shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence	Ŋ	
	×				ture on property)	Principal Structure (first structure on property)	Principal :		
Square Footage	Dimensions	Dime		ıu	Proposed Structure			<	Proposed Use
	מ				ren8m. 77				
			Wildsh.						Proposed Construction:
	He gr		8		Length:	(if permit being applied for is felevant to it)	ing applied fo	if permit be	Existing Structure: (If)
			□ None		0			CON100	
			X Compost Toilet			☐ Foundation	CHARGO Y.	Property	P
	2t)	e contrac	☐ Portable (w/service contract)	□ None		□ No Basement	Run a Business on	ın a Bus	
m) Nove	Vaulted (min 200 gallon)	Vaultec	☐ Privy (Pit) or ☐			☐ Basement	Relocate (existing bldg)	elocate (
	уре:	Specify T	☐ Sanitary (Exists) Specify Type:	⊡ 3		☐ 2-Story	าก	□ Conversion	<u>5</u> 000000000000000000000000000000000000
_ □ Well	/pe:	Specify Type:	☐ (New) Sanitary S	□ 2	☐ Year Round	X 1-Story + Loft	☐ Addition/Alteration	ddition/	
☐ City	The state of the s		Municipal/City	≯ 1	Seasonal	□ 1-Story	New Construction	ew Cons	X
Water	ıf ystem rty?	What Type of er/Sanitary Sys on the propert	What Type of Sewer/Sanitary System is on the property?	# of bedrooms	Use	# of Stories and/or basement	ect	Project	Value at Time of Completion *include donated time & material
				-		,			☐ Non-Shoreland
XNo	XNo	et .	feet	No contract of	Myescontinue	If yescontinue)) received	- 0	7
Are Wetlands Present?	Is Property in Floodplain Zone?	17	feet	Distance Str	ff yescontinue →	Creek or Landward side of Floodplain?	ndward side o	eek or La	☐ Shoreland — Cr
			ucture is from Shoreline :	Distance Structure	2am (incl. Intermittent)	Is Property/Land within 300 feet of River, Stream (ind. Intermittent)	ty/Land withi	s Propert	
7.25	Acreage 2.1	Lot Size	Lot Size 2.2	L D	Town of:	N, Range 06 W	2	, Township	Section 29
			1		N.1145 P.A		L	1/4	1/4,
		Subdivision:	Block(s) No.			: lot lot(s) CS	Gov't		
(s)	Volume Page(s)	me	-10500V %	-06-29	010-2-51	04	Legal Description : (Use Tax Statement)	al Descri	PROJECT LES
□ No	X Yes U No	7	STAR ROJE, JOHN CO	31700	15 292 1523		012001	FT CF	
Written Authorization		2	Agent Mailing Address (Include City/State/Zip):5	ent Mailing A			(Person Signing Application on behalf of Owner(s))	Signing App	
Phone:	Plumber Phone:			Plumber:	Contractor Phone: PI 715 292 4323		BULLECS		AKE EFFECT
?		て	W1. 54844		\mathcal{I}	BMT RD. TO		ROMANS	Something.
612730947		A,33%	(L) V/C	LAKE SHOF MWN	200		N A POIN		1947
OTHER	□ B.O.A. □ OTHER	J 🐘	SPECIA	☐ CONDITIONAL USE	SANITARY PRIVY		► I LAND USE	STED_	TYPE OF PERMIT REQUESTED—> Owner's Name:
			The state of the s	-			2 3	200	THE PROPERTY OF THE PROPERTY O

(If there are Multiple Own

isted on the Dec

All Owners must sign or letter(s) of authorization must accompany this application)

Owner(s):

Rec'd for Issu

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Accessory Building Addition/Alteration (specify)

02 **2018**

Special Use: (explain) ______Conditional Use: (explain)

 $\times |\times| \times |$

 \times

Secretarial Staff

Other: (explain)

Authorized Agent:

(If you

are signing on behalf of the owner(s) a letter

Address to send permit 3/700

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ter of authorization must accompany this application)

R13 B147-1-1-1, W1. C

MISYSIW!

M. 548 / Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

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FAILURE TO OBTAIN A PERMIT ON STAUTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

It we) declare that this application (including any accompanying information) (we) asknowledge that I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that 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.

Show:

Show:

Show any (*): Show any (*):

SUPERMOR

642630 2552V POINT 120. 00 J. Composting T Sis Me CAB. 2 5116 PROPOSE) XX. (E)

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.

A.			Feet	<u></u>	Setback to Privy (Portable, Composting)
<u>.</u>			Feet	1	Setback to Drain Field
Feet		Setback to Well	Feet	1	Setback to Septic Tank or Holding Tank
Feet)	Elevation of Floodplain	Feet	100	Setback from the East Lot Line
X No	□Yes	20% Slope Area on property	Feet	78	Setback from the West Lot Line
Feet		Setback from Wetland	Feet	100	Setback from the South Lot Line
	,		Feet	001	Setback from the North Lot Line
Feet	78	Setback from the Bank or Bluff			
Feet)	Setback from the River, Stream, Creek	Feet	Ş	Setback from the Established Right-of-Way
Feet	78	Setback from the Lake (ordinary high-water mark)	Feet	/20	Setback from the Centerline of Platted Road
nent	Measurement	Description	ent	Measurement	Description

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 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 the 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.

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 Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary:	D _a	be what he rewise consider No water Dunberg	except (ONES) 35' Viewing arrider. Any lake aces		Date of Inspection: 1, 29-16 Inspected by 100 Tent 10 Unit of R	Inspection Record: Kenned explined duckling tabusaned Zoning District Lakes Classification	Was Parcel Legally Created ☐ Ves ☐ No Were Property Lines Represented by Owner ☐ Yes ☐ No Was Proposed Building Sife Delineated ☐ Yes ☐ No Was Property Surveyed ☐ Yes	Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Yes □ No □ Yes □	Is Parcel a Sub-Standard Lot Uses (Deed of Record) UNO Mitigation Required Uses UNO Affidavit Required Is Parcel in Common Ownership Uses (Fused/Contiguous Lot(s)) UNO Mitigation Attached Uses UNO Affidavit Attached Is Structure Non-Conforming Uses	Permit #: 16-0076 Permit Date: 5-20-16 <15% * * Minsimal In	Issuance Information (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:
	/Date of Approval:	Correctable	es vien	taried	Date of Re-Inspection:	Zoning District (ん・)) Lakes Classification()・ラムルルル	No Property One		equired 🗆 Yes 🗘 No ttached 🗇 Yes 🗘 No		Date: