

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
ENTERED
 Date: APR 2 12 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0095
Date:	5-13-16
Amount Paid:	\$640
Refund:	5-13-16

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: Martin Crann Mailing Address: 4111 Woodale Ave S, Minneapolls, MN. 55416 Telephone: (952) 926-8264
 Address of Property: Tri Lakes City/State/Zip:

Contractor: Justin Christenson Construction LLC Contractor Phone: (715) 580-0367 Plumber: Andy Rasmussen Plumber Phone: (715) 798-5355
 Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: (715) 580-0367 Agent Mailing Address (include City/State/Zip): Justin Christenson, 52450 Lake Rd. Jones, WI 54873 Written Authorization Attached: Yes No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot: 3 Lot(s): 3 GSM: 04-018-2-44-08-25-4 05-022-7000 Lot No.: 1141 Subdivision: 672
 Section: 25, Township: 44 N, Range: 8 W Town of: Drummond Lot Size: 11.2 Acres

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 250 feet Distance Structure is from Shoreline: 250 feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: feet
 Non-Shoreland

Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Value at Time of Completion <small>* include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$180,000.00</u>	<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 type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> Foundation	<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"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <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: 28 ft Width: 24 ft Height: 20 ft
 Proposed Construction:

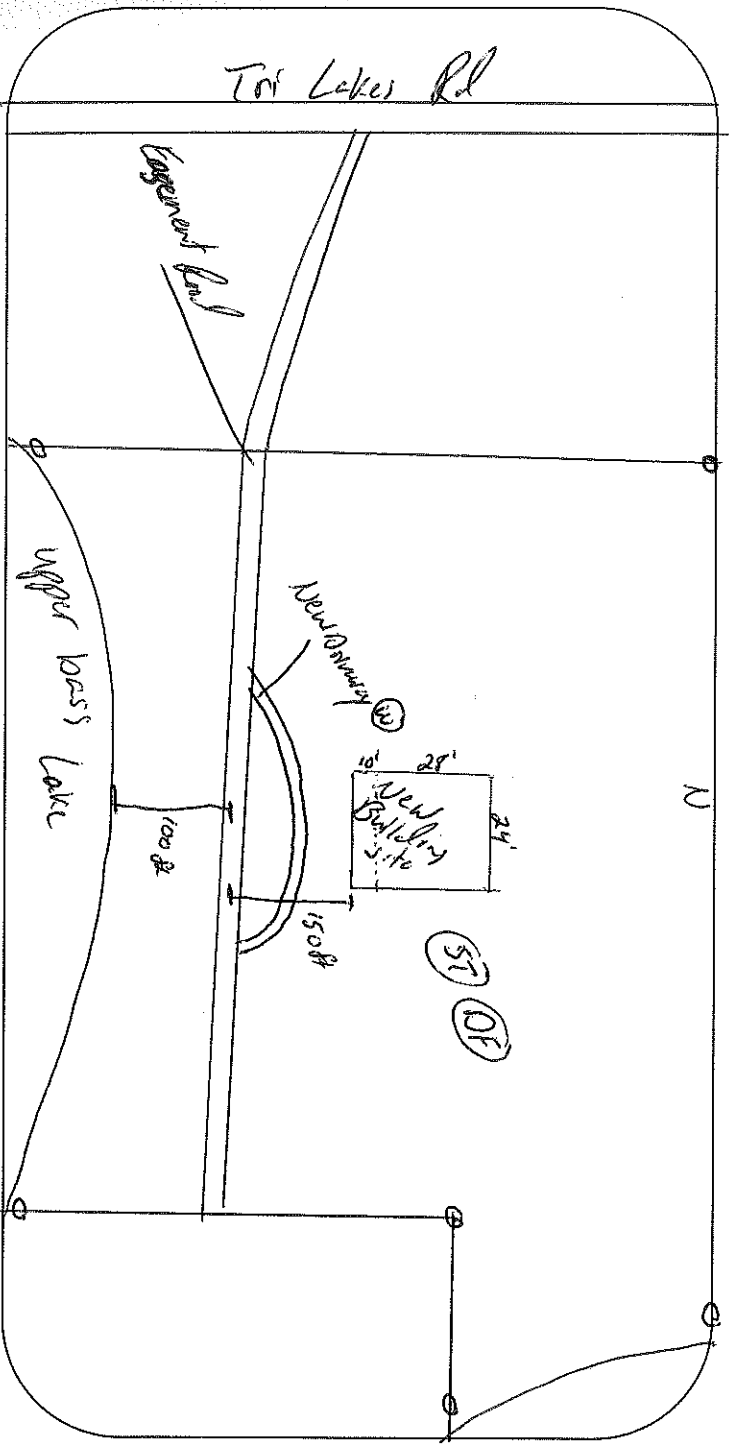
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u>24</u> x <u>28</u>)	<u>672</u>
	Residence (i.e. cabin, hunting shack, etc.)	() ()	()
	with Loft	() ()	()
	with a Porch	(<u>10</u> x <u>24</u>)	<u>240</u>
	with (2 nd) Deck	() ()	()
<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)	() ()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	() ()	()
	Accessory Building Addition/Alteration (specify)	() ()	()
	Rec'd for Issuance	() ()	()
	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): Martin Crann Date: 4-16-16
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Justin Christenson Date: 4-16-16
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 52450 Lake Rd. Jones, WI. 54873 Attach Copy of Tax Statement
 (if you recently purchased the property send your Recorded Deed

the box 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)	250 Feet
Setback from the Established Right-of-Way	200+ Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	200+ 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	200+ 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	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	30 Feet
Setback to Drain Field	50 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: <u>16-255</u>	# of bedrooms: _____	Sanitary Date: <u>9/12/16</u>
Permit Denied (Date): _____		Reason for Denial: _____		
Permit #: <u>16-0095</u>		Permit Date: <u>5-18-16</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (based of record)	<input 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 lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____		Previously Granted by Variance (B.O.A.)
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____		Were Property Lines Represented by Owner
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____		Was Property Surveyed
Inspector Record:	<u>OK</u>			
Date of Inspection:	<u>5/9</u>	Inspected by:	<u>Kevin</u>	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.)				
<u>Must get w/c</u>				
Signature of Inspector: <u>[Signature]</u>				
Hold For Sanitary: <u>16/16</u>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>5/11/16</u>