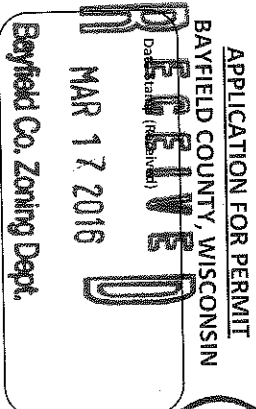


SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138



Permit #:	16-0104
Date:	5-17-16
Amount Paid:	\$380
Refund:	5-17-16

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: Bayfield County Forest
 Address of Property: 117 E. 5th St. Washburn WI 54891
 City/State/Zip: Bayfield, WI

Mailing Address: Bayfield, WI

Contractor: Self
 Authorized Agent: Jason Bodine
 Agent Phone: [blank]
 Agent Mailing Address (include City/State/Zip): [blank]

Plumber: [blank]
 Plumber Phone: [blank]

Telephone: 715-373-6114
 Cell Phone: [blank]

PROFIT LOCATION: SW 1/4, SE 1/4
 Legal Description: (Use Tax Statement)
 Section 30, Township 50 N, Range 4 W, Town of: Bayfield

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

Recorded Document: (i.e. Property Ownership)
 Volume 986 Page(s) 451
 Subdivision: [blank]
 Lot Size: [blank] Acreage: 160

Value at Time of Completion * include donated time & material \$25,000 (Yurt cost)	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	
							<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
Existing Structure: (if permit being applied for is relevant to it)	Proposed Construction:	Length:	Width:	Height:	Proposed Structure	Dimensions	Square Footage
	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <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 (2nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () 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"/> Special Use: (explain) <input checked="" type="checkbox"/> Conditional Use: (explain) Campground <input type="checkbox"/> Other: (explain)				Camping unit (Yurt)	(20ft dia.)	314 ft ²

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 starting construction 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): [Signature]
 Date: 5-16-16

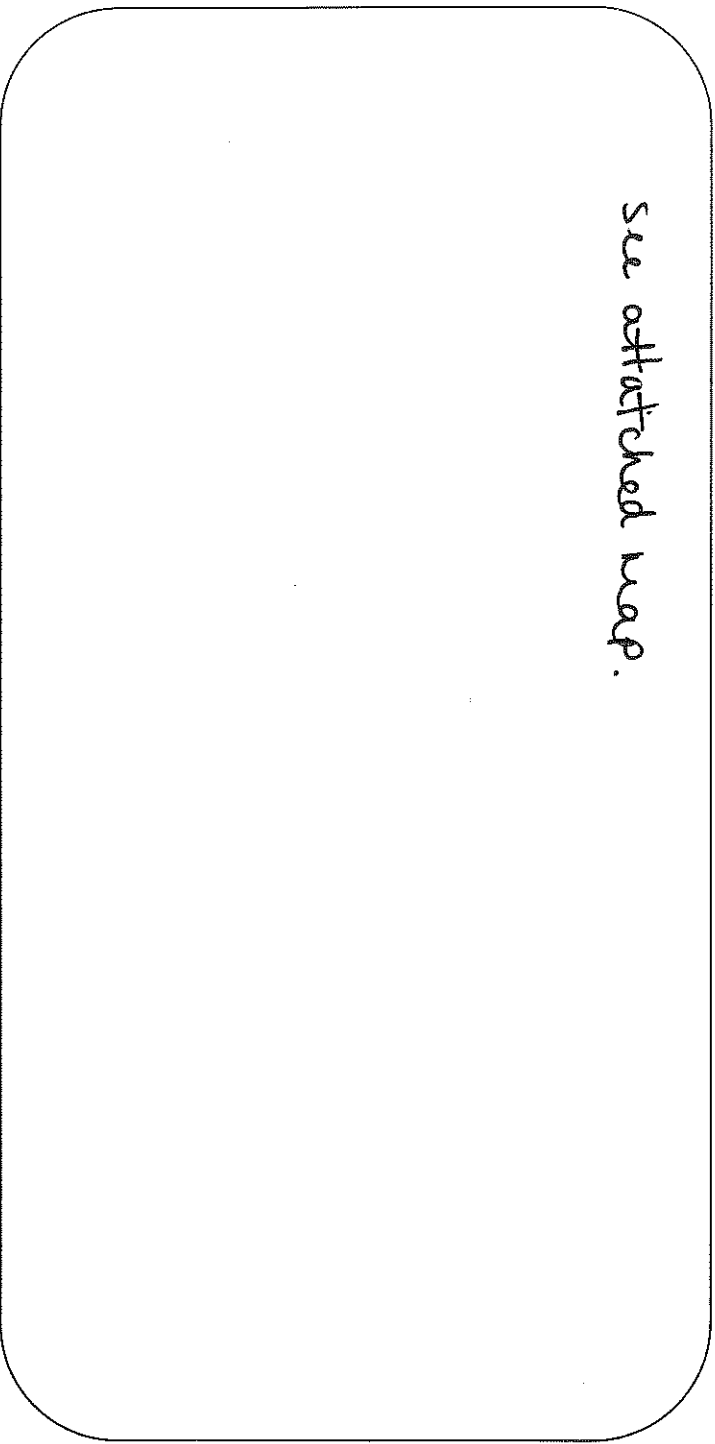
Authorized Agent: [Signature]
 Date: [blank]

Address to send permit: [blank]

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%

See attached map.



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	1600 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	750 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	900 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	250 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1050 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	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:	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):		Reason for Denial:						
Permit #: 16-0104		Permit Date: 5-17-16						
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fused/contiguous lot(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Granted by Variance (B.O.A.):	Case #: NO	Previously Granted by Variance (B.O.A.):	Case #: NO					
Was Parcel Legally Created:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Inspection Record:	inspection w/ Forestry Resp + John Rowley (insp)			Zoning District:	(F-1)	Date of Re-Inspection:	(N/A)	
Date of Inspection:	Inspected by:	J. Crowley, Murphy		Lakes Classification:	(N/A)			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)	Per Conditions of Planning & Zoning Committee. Compliance w/ OHS 178 shall be maintained. Necessary w/c permit + inspections shall be obtained.							
Signature of Inspector:							Date of Approval:	5-17-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>					

**Appendix 2
Vegetation Map
Bayfield County Forest - Town of Bayfield Yurt**

