

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
 RECEIVED
 Date Stamp (Received)
 MAY 12 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-0122
 Date: 5-31-16
 Amount Paid: \$125
 Refund: 5-31-16

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: Stephen Dewar and Ellen Atkins Mailing Address: 88420 Superior Ave. Cornucopia Telephone: 715-742-3914

Address of Property: 1/4, 1/4 City/State/Zip: WI 54827 Cell Phone: 715-209-5166

Contractor: SELF Contractor Phone: Plumber: Written Authorization Attached: Yes No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot: 1/4 Lot(s): 13-18 Block(s) No.: 14 Subdivision: 300' x 150'

Section: 34, Township: S1 N, Range: 6 W Town of: Bell Lot Size: 300' x 150' Acreage:

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 125 ft (100) feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage Distance Structure is from Shoreline: feet

If yes---continue 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>4000</u> | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input checked="" 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 | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |

Existing Structure: (if permit being applied for is relevant to it) Length: 20' Width: 12' Height: 10'

Proposed Construction: Length: 20' Width: 12' Height: 10'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|-----------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | Principal Structure (first structure on property) | <u>12 x 20</u> | <u>240</u> |
| | Residence (i.e. cabin, hunting shack, etc.) | () | () |
| | with Loft | () | () |
| | with a Porch | () | () |
| | with a 2 nd Porch | () | () |
| | with a Deck | () | () |
| | with (2 nd) Deck | () | () |
| | with Attached Garage | () | () |
| <input type="checkbox"/> Commercial Use | Bunthouse 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) | <u>5' x 8' shed on dirt</u> | <u>40</u> |
| | 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 (we) request that Bayfield 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): Stephen Dewar Ellen Atkins Date: 5-10-16

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

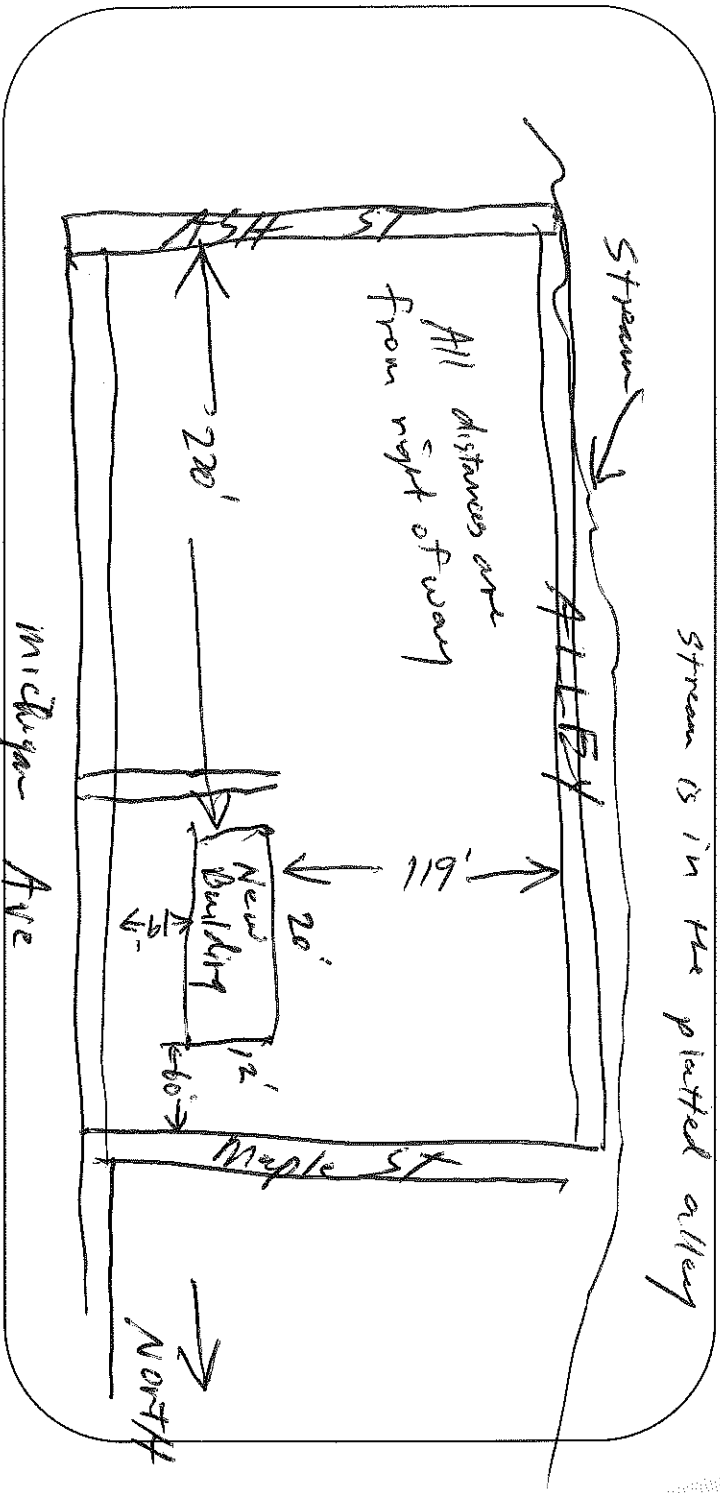
Authorized Agent: Ellen Atkins Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach _____

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)

- (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 | 52 Feet | Setback from the Lake (ordinary high-water mark) | appears |
| Setback from the Established Right-of-Way | 19 Feet | Setback from the River, Stream, Creek | Setback 19 Feet |
| Setback from the North Lot Line | 60 Feet | Setback from the Bank or Bluff | |
| Setback from the South Lot Line | 220 Feet | Setback from Wetland | |
| Setback from the West Lot Line | 119 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 19 Feet | Elevation of Floodplain | |
| 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: | municipal | | | |
| Permit #: <u>16-0188</u> | Permit Date: <u>5-31-16</u> | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed 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 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 | Previous/Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: | | | | | |
| Date of Inspection: <u>5-20-16</u> | Inspected by: <u>C. CORNBORNE Murphy</u> | Zoning District: <u>(R-1)</u> | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) | | Lakes Classification: <u>(N/A)</u> | | | |
| <u>Shed not be used for furman habitation w/o necessary permit to convert to residence</u> | | | | | |
| Signature of Inspector: | | | | | Date of Approval: <u>5-23-16</u> |
| Hold For Sanitary: <input type="checkbox"/> | Hold for TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | |