

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

Date Received
RECEIVED
 MAY 19 2016



Permit #:	16-085
Date:	5-31-16
Amount Paid:	\$75
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.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Ross Daast Mailing Address: PO Box 55 City/State/Zip: Hixton Telephone: _____
 Address of Property: 14150 Archers Lane City/State/Zip: Pilsen WI 54217 Cell Phone: 915 896 0024
 Contractor: SELF Contractor Phone: _____ Plumber: _____ Plumber Phone: _____
 Authorized Agent: (Person Signing Application on Behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION Legal Description: (Use Tax Statement) PIN: (23 digits) 04- 277745 Recorded Document: (i.e. Property Ownership) Volume 1095 Page(s) 283
NW 1/4, SW 1/4 Gov't Lot _____ Lot(s) _____ CSM 2286 Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____
 Section 17, Township 49 N, Range 7 W Town of Pilsen Lot Size _____ Acreage 4.79

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) _____ Distance Structure is from Shoreline: _____ feet
 Creek or Landward side of Floodplain? Yes - continue No - continue _____ Distance Structure is from Shoreline: _____ feet
 Is Property/Land within 1000 feet of Lake, Pond or Flowage Yes - continue No - 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			
\$20,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" type="checkbox"/> Relocate (existing) <input checked="" 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 type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input checked="" 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 <input type="checkbox"/> Pond <input type="checkbox"/> Pump			
Existing Structure: (if permit being applied for is relevant to it)							Length: <u>23</u>	Width: <u>16.5</u>	Height: <u>15</u>
Proposed Construction:							Length: <u>15</u>	Width: <u>16.5</u>	Height: <u>15</u>
Proposed Use							Proposed Structure	Dimensions	Square Footage

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) 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	(16.5 x 23) (X X) (X X) (X X) (X X) (X X) (X X)	79.5))))))
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, gr () sleeping quarters, gr () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input checked="" type="checkbox"/> Addition/Alteration (specify) <u>expanding kitchen Basement</u> <input type="checkbox"/> Accessory Building (specify) <u>Basement</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(16.5 x 15) (X X) (X X) (X X) (X X) (X X) (X X)	247.5))))))
<input type="checkbox"/> Municipal Use			

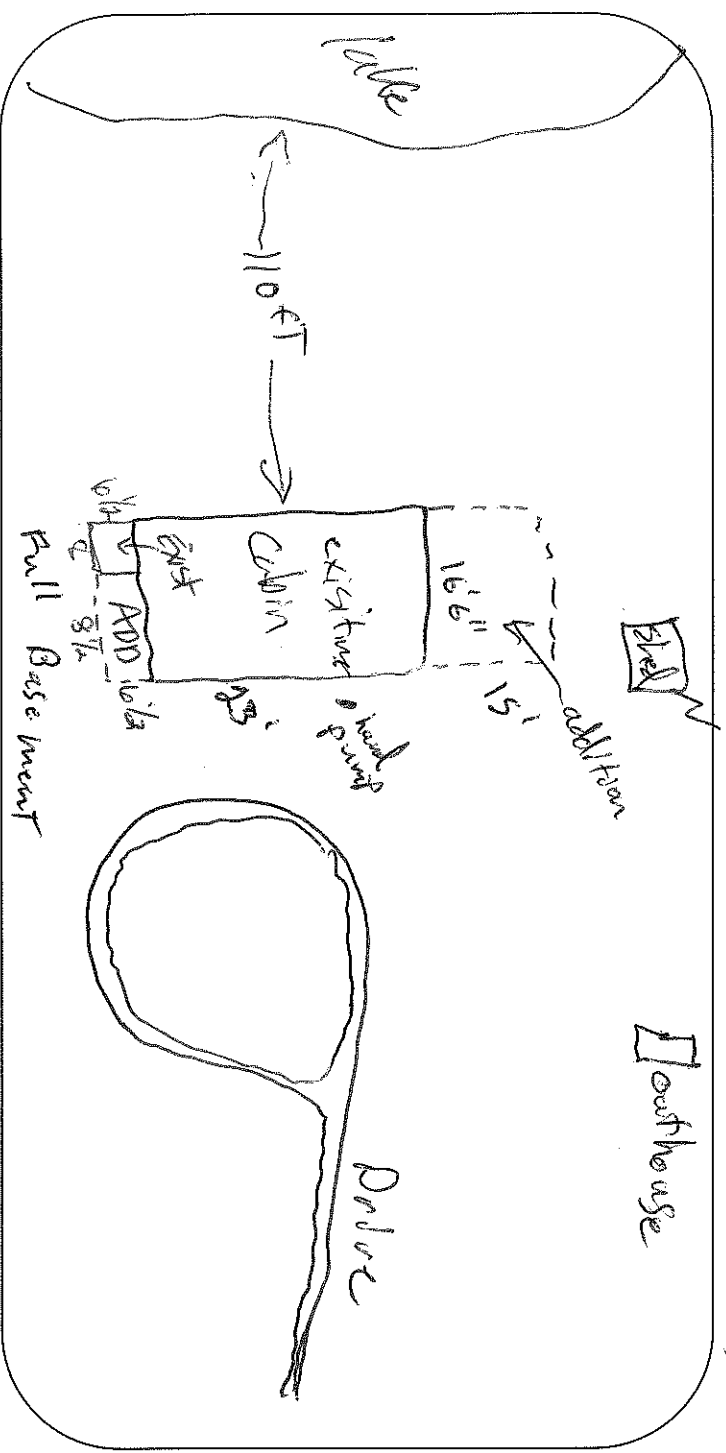
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge 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 May 19-16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____ 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)

- (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	Feet	Setback from the Lake (ordinary high-water mark)	110 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	110 Feet
Setback from the North Lot Line	67 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	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)	76 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: Privy for very good condition

Permit #: 16-0185 Permit Date: 5-31-16 for less than 15%

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No

Is Parcel in Common Ownership Yes (Used/Contiguous Lot(s)) No No

Is Structure Non-Conforming Yes No No

Granted by Variance (B.O.A.) Case #: Previously/Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No Yes No

Was Proposed Building Site Delineated Yes No Yes No

Inspection Record: Were Property Lines Represented by Owner Yes No Yes No

Was Property Surveyed Yes No Yes No

Date of Inspection: 5-27-16 Inspected by: J. Grombeck, Municipality Zoning District: R-1

Condition(s) of own, Committee or Board Conditions Attached? Yes No No (If No they need to be attached)

Owner shall maintain 35 ft vegetative buffer in natural state. 35 ft vegetative buffer allowed. Property a Dwelling shall not have plumbing served by pressure treated water under any circumstances.

Signature of Inspector: Date of Approval: 6-31-16

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