

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  
 MAY 27 2016  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 16-0144  
 Date: 6-8-16  
 Amount Paid: \$1805  
 Refund: 6-8-16

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: **TOWN OF RUSSELL** Mailing Address: **35406 STATE HWY 13** City/State/Zip: **BAYFIELD, WI 54814** Telephone: **715-719-3284**

Address of Property: **32665 LITTLE SAND GLEN RD** City/State/Zip: **BAYFIELD, WI 54814** Contractor Phone: **Plumber:** Plumber Phone: **Plumber:**

Contractor: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: **715-719-3284** Agent Mailing Address (include City/State/Zip): **35406 STATE HWY 13** Written Authorization Attached  Yes  No

PROJECT LOCATION: **DAVID L GOOD** Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: **ID** Block(s) No.: **3** Recorded Document: (i.e. Property Ownership) \_\_\_\_\_

Section **32**, Township **52** N, Range **4** W, Town of: **RUSSELL** Subdivision: **SOUTH STATE SUBDIVISION LOT 1D** Acreage: **0.344**

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes  No Distance Structure is from Shoreline: \_\_\_\_\_ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  Yes  No Distance Structure is from Shoreline: **550** feet

Non-Shoreland

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>2000.00</u>	<input 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 checked="" type="checkbox"/> <b>WOODSHED</b>	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> <b>SKIDDS</b>	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> <b>WOODSHED</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None <input checked="" type="checkbox"/> <b>X None</b>	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> <b>X None</b>	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> <b>NA</b>

Existing Structure: (if permit being applied for is relevant to it) Length: **12 FT** Width: **10 FT** Height: **8 FT**

Proposed Construction: \_\_\_\_\_

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 <sup>nd</sup> ) Porch with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> ) ( <input checked="" type="checkbox"/> )	
<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) _____ Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) <b>WOODSHED</b>	( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input checked="" type="checkbox"/> 72' X 10' )	
<input checked="" type="checkbox"/> Municipal Use	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	( <input type="checkbox"/> ) ( <input type="checkbox"/> ) ( <input type="checkbox"/> )	

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.

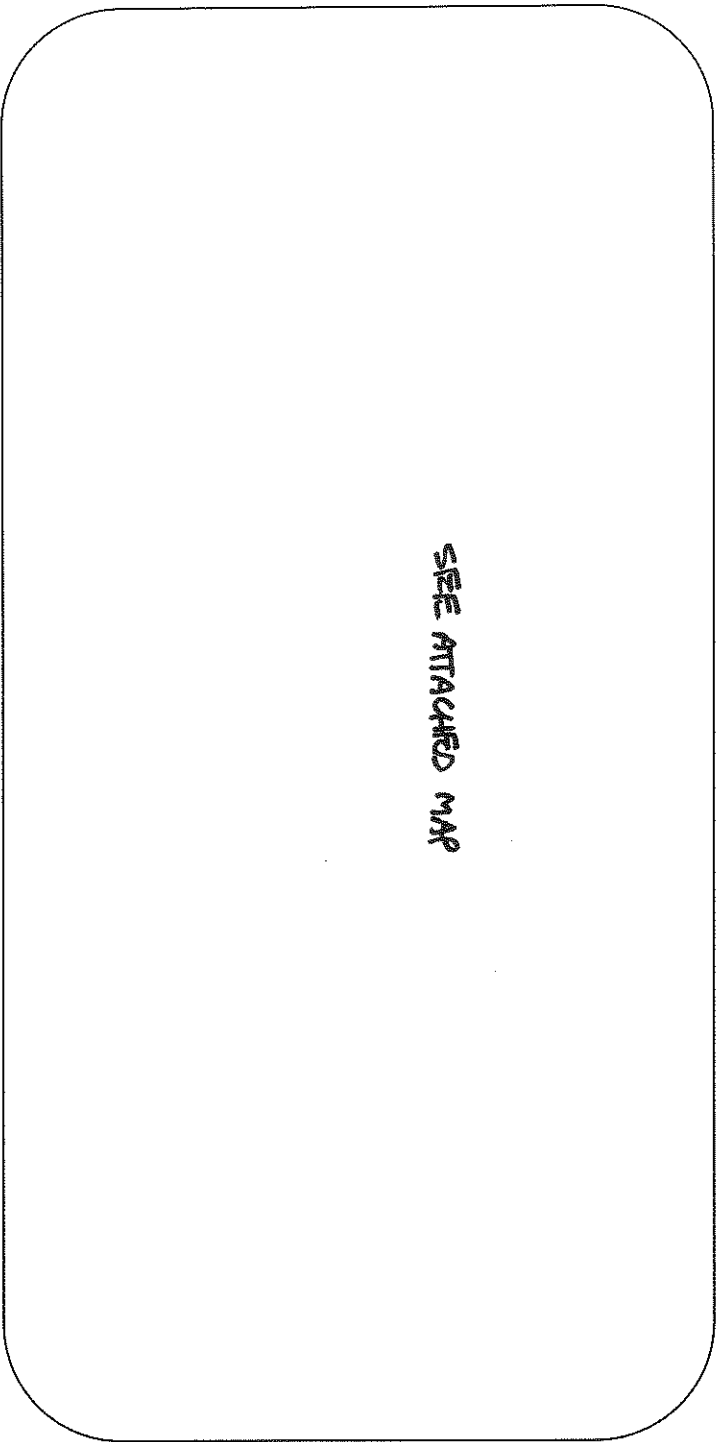
Owner(s): TOWN OF RUSSELL - DAVID GOOD - CHERYL RUSSELL DAVID Date 5-26-2016  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: DAVID Date 5-26-2016

Address to send permit: TOWN OF RUSSELL, 35406 STATE HWY 13, BAYFIELD, WI 54814 Attach \_\_\_\_\_  
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Copy of Tax Statement \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed \_\_\_\_\_

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	150 Feet	Setback from the Lake (ordinary high-water mark)	550 Feet
Setback from the Established Right-of-Way	125 Feet	Setback from the River Stream Creek	Feet
Setback from the North Lot Line	125 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	130 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	70 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot line	10 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>16-0144</b>	Permit Date: <b>Dec 3, 1925</b>	<b>6-8-16</b>		
Is Parcel a Sub Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record) (Fused/contiguous lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Inspection Record:				
Date of Inspection: <b>6-7-16</b>	Inspected by: <b>J. Oakes</b>			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, they need to be attached.)				
Signature of Inspector: <i>[Signature]</i>				Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

1000 up up

# Dayfield County, VA

## SB Campground

