

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

78A-350 \$200 Subsidy



APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 MAY 10 2016  
 Bayfield Co. Zoning Dept.

Permit #:	16-0168
Date:	6-22-16
Amount Paid:	\$550
Refund:	6-22-16

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  PRIVATE  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER *Shoreland*

Owner's Name: MARK JOHNSON Mailing Address: 4476 HECZOR DAN SHELL LAKE WI. Telephone: \_\_\_\_\_

Address of Property: SAWYER LN City/State/Zip: DRUMMOND, WI Cell Phone: 715-416-0702

Contractor: DRUMMOND CONSTRUCTION Contractor Phone: 715-416-0702 Plumber: SAWYER DIST. Plumber Phone: \_\_\_\_\_

Authorized Agent: (Person Signing Application on behalf of Owner(s)) OSWNER Agent Phone: \_\_\_\_\_ Agent Mailing Address (include City/State/Zip): \_\_\_\_\_ Written Authorization Attached  Yes  No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 PIN: (23 digits) 04-018-2-45-07-32-1-05- Recorded Document: (i.e. Property Ownership) 5 Page(s) 216

Gov't Lot 3NE Lot(s) 1 CSM 779 Vol & Page 51210 Block(s) No. 1 Subdivision: CSM #1 Lot Size 330 Acreage 1.52

Section 32, Township 45 N, Range 7 W Town of: DRUMMOND

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interments) Creek or Landward side of Floodplain?  If Yes---continue  If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage  If Yes---continue

Distance Structure is from Shoreline: \_\_\_\_\_ feet  Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet  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>4,000</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"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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

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.

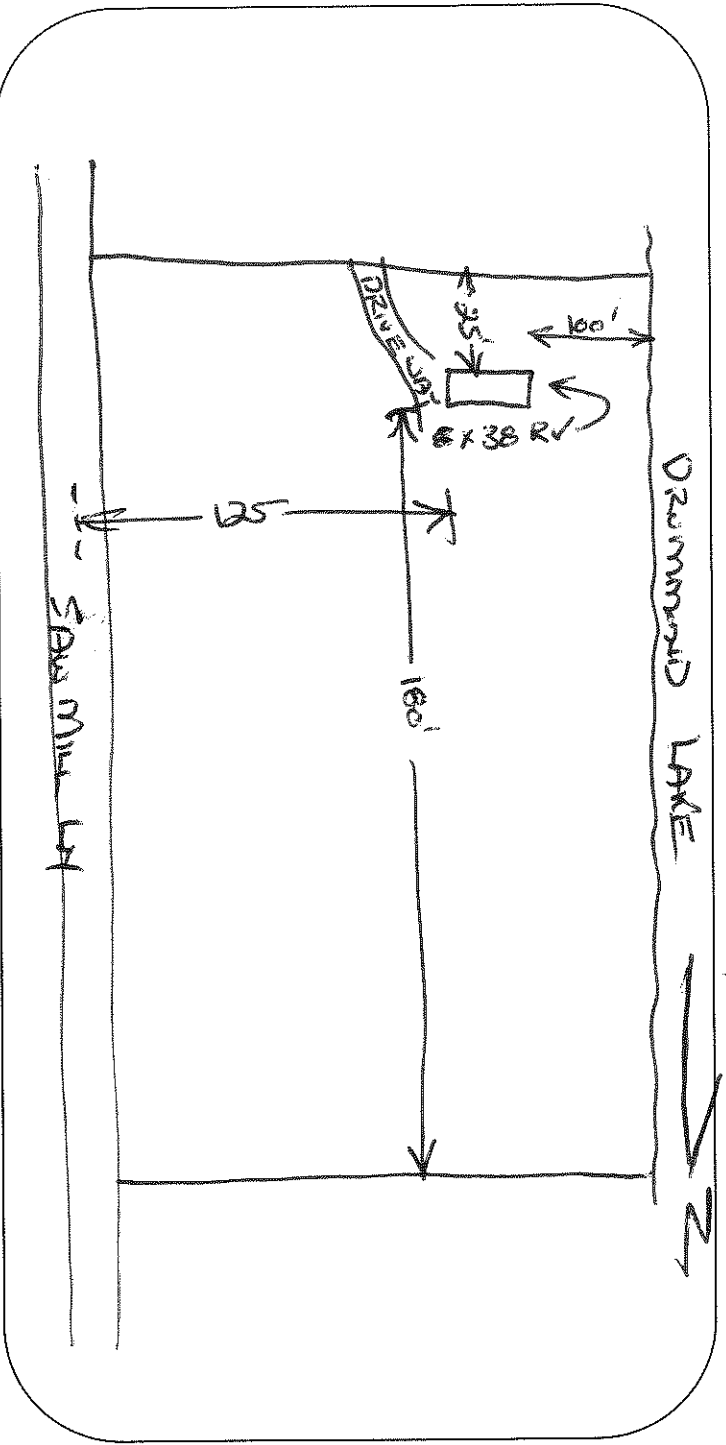
Owner(s): Mark Johnson Date: Sticks  
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 4476 HECZOR DAN RD Attach \_\_\_\_\_  
 If you recently purchased the property send your Recorded Deed

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	125 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	115 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	180 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	25 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	DRUMMOND STREET 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: <u>Municipal</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>16-0168</u>	Permit Date: <u>10-22-16</u>			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" 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	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Case #:	Case #:	Case #:
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:	<u>Sever &amp; north law to common pad - Nees should order. 51ft fence installed</u>			
Date of Inspection: <u>5/3/16</u>	Inspected by: <u>Shelby</u>	Zoning District: <u>(R2)</u>	Lakes Classification: <u>(2)</u>	Date of Re-Inspection:
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)	<u>Must use but mgmt practices for shoulder grading</u>			
Signature of Inspector: <u>Pat Brady</u>	Date of Approval: <u>11/24/16</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"/>	