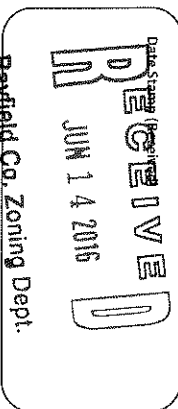


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
 Bayfield County  
 Planning and Zoning Depart.  
 PO Box 58  
 Washburn, WI 54891  
 (715) 373-6138

When 25 12-2975 over is \$3 11000

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN



Permit #:	16-0188
Date:	7-6-16
Amount Paid:	\$1105
Refund:	7-6-16

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  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: H. LUTERANE & SHEVRI HANSON Mailing Address: 133 W Euclid Av. BARON WI 54812 Telephone: 715-637-3036

Address of Property: 31030 E. Idlewild Lake Rd. City/State/Zip: TOWN of BARNES 54873 Cell Phone: 715-418-0332

Contractor: H. Lutervane Hanson Contractor Phone: 715-637-3036 Plumber: Arnold Feckhardt - MD 897174 Plumber Phone: 715-418-0136

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: 715-637-3036 Agent Mailing Address (include City/State/Zip): 1732-16TH AV. BARON WI 54812 Written Authorization Attached  Yes  No

PROJECT LOCATION: SE 1/4, SE 1/4 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: 1.525 Vol & Page: 187 Lot(s) No.: \_\_\_\_\_ Block(s) No.: 40000 Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume 525 Page(s) 89

Section 6, Township 44 N, Range 9 W Town of: Barnes Lot Size: \_\_\_\_\_ Acreage: 10.5

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Interment) Creek or Landward side of Floodplain?  If Yes---continue  Distance Structure is from Shoreline: \_\_\_\_\_ feet

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

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
\$35,000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/AAlteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input 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 type="checkbox"/> Privy (Pri) 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

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 24' Height: 18'6"

Proposed Construction: Length: 16'15" Width: 24' Height: 18'6"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input checked="" type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	<u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u>	<u>576</u> <u>384</u> <u>384</u> <u>384</u> <u>384</u> <u>384</u> <u>384</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	<u>16' x 24'</u>	<u>384</u>
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/AAlteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/AAlteration (specify)	<u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u>	<u>384</u> <u>384</u> <u>384</u>
Rec'd for Issuance	Special Use: (explain) _____ Conditional Use: (explain) _____ Other: (explain) _____	<u>16' x 24'</u> <u>16' x 24'</u> <u>16' x 24'</u>	<u>384</u> <u>384</u> <u>384</u>
Secretarial Staff	_____	_____	_____

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): H. Lutervane Hanson Shevri Hanson Date 6-8-2016

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

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

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

Address to send permit 133 W. Euclid Av. Baron WI 54812

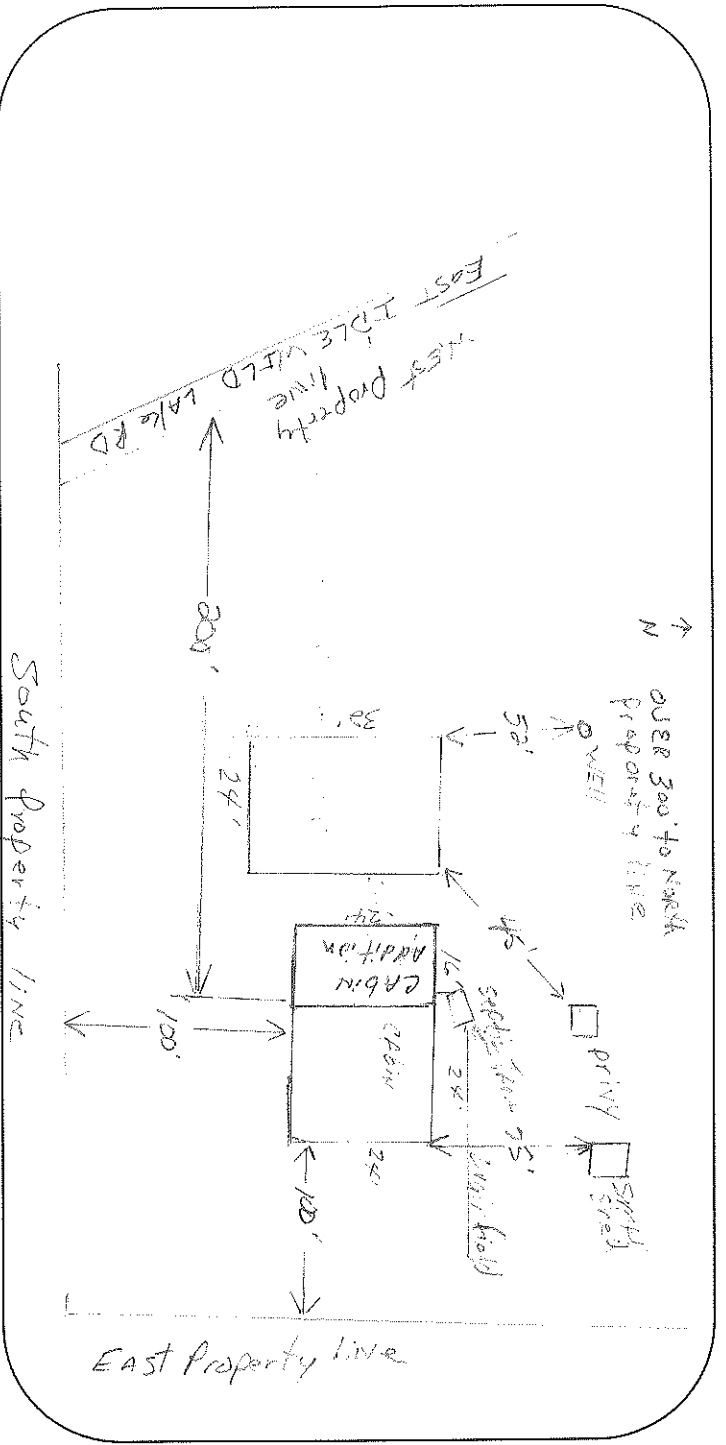
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Attach Copy of Tax Statement



- Fill in the 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%**



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	Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	OVER 200' Feet	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	100' Feet	Setback from Wetland	N/A
Setback from the West Lot Line	200' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100' Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	50' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	45' 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 Dwelling: 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: 16-1605 # of bedrooms: 3 Sanitary Date: 7-1-16

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 16-0188 Permit Date: 7-16-16

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

Is Parcel in Common Ownership  Yes (Fused/Contiguous lots)  No

Is Structure Non-Conforming  Yes  No

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

Was Parcel Legally Created  Yes  No

Were Property Lines Represented by Owner Was Property Surveyed  Yes  No

Was Proposed Building Site Delineated  Yes  No

Inspection Record: Reduce 5.20 by 1 foot - @ 16' less than 10' Between Bldgs

Date of Inspection: 6-28-16 Inspected by: JK

Condition(s): Town, Committee or Board Conditions Attached?  Yes  No (If No they need to be attached.)

Signature of Inspector: Jessie Raby Date of Approval: 6/14

Hold For Sanitary:  Yes  No Hold For TBA:  \_\_\_\_\_ Hold For Affidavit:  \_\_\_\_\_

Hold For Fees:  \_\_\_\_\_