

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
 JUN 19 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-0304
 Date: 7-14-16
 Amount Paid:
 Refund:

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.
 HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

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

Owner's Name: Pat's & Craig Vernon Mailing Address: 27505 Cherryville Rd. Ashland, WI 54806 Telephone: 715-682-2046
 Address of Property: 27505 Cherryville Rd. Ashland, WI 54806 City/State/Zip: Ashland, WI 54806 Cell Phone:
 Contractor: _____ Contractor Phone: _____ Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Patrick A. Mckuen, PLS Agent Phone: 715-682-2969 Agent Mailing Address (include City/State/Zip):
PO BOX 2002 LAND RD. ASHLAND, WI 54806 P.O. Box No. 2002 City/State/Zip: ASHLAND, WI 54806
 PIN# (23 digits) 0400224505334020010000 Recorded Document: (i.e. Property Ownership) Volume 690 Page(s) 338

PROJECT LOCATION: SW 1/4, SE 1/4 Gov't Lot _____ Lot(s) CSM 1925 11-227 Lot(s) No. 1 Block(s) No. _____ Subdivision: _____
 Section 33, Township 48 N, Range 5 W Town of: BARSDALE Lot Size _____ Acreage 42.95

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. Intermittent) 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 If Yes---continue

Distance Structure is from Shoreline: _____ feet
 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 (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>NO PLSW CONSTRUCTION</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <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"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEWER</u> <input type="checkbox"/> Privy (Prt) 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: 34' Width: 44' Height: 16'4"
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() ()	()
<input type="checkbox"/>	Residential Use with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	() ()	()
<input checked="" type="checkbox"/>	Commercial Use Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() ()	()
<input type="checkbox"/>	Municipal Use Mobile Home (manufactured date)	() ()	()
<input type="checkbox"/>	Accessory Building (specify) _____	() ()	()
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() ()	()
<input checked="" type="checkbox"/>	Special Use: (explain) <u>Antique Store</u>	(<u>34</u>) (<u>44</u>)	(<u>1496</u>)
<input type="checkbox"/>	Conditional Use: (explain) _____	() ()	()
<input type="checkbox"/>	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. 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.

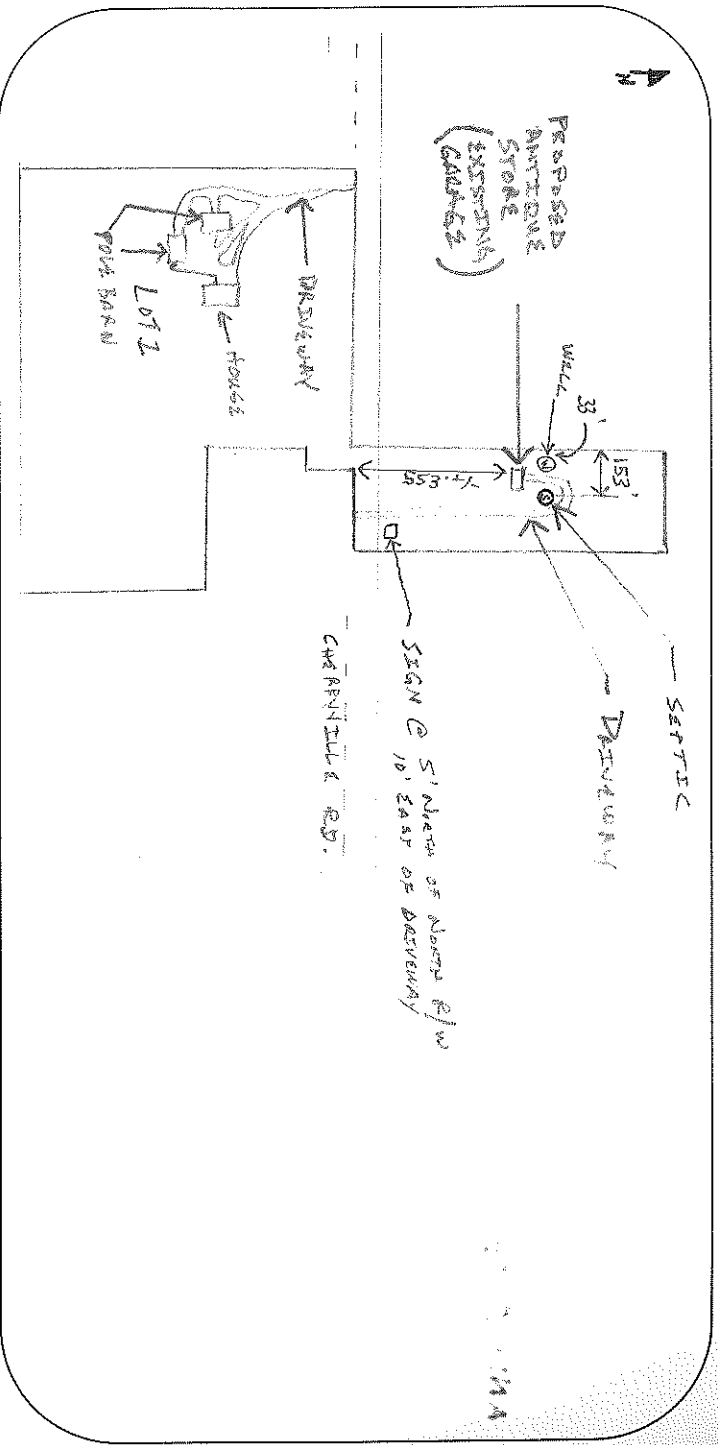
Owner(s): Pat & Craig Date: _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: _____
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Look 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 (*): (*1) Driveway and (*2) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*1) Well (W); (*2) Septic Tank (ST); (*3) Drain Field (DF); (*4) Holding Tank (HT) and/or (*5) Privy (P)
- (6) Show any (*): (*1) Lake; (*2) River; (*3) Stream/Creek; or (*4) Pond
- (7) Show any (*): (*1) Wetlands; or (*2) 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	553 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	520 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	733 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	553 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	46 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	209 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	153 Feet	Setback to Well	33 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:	425172		# of bedrooms:	removed		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:	removed		removed		removed		
Permit #: 16-0204	Permit Date: 7-14-16	Inspected by: [Signature]		Inspected by: [Signature]		Inspected by: [Signature]			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Feet of Record)	<input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Affidavit Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	<input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		Case #:				
Granted by Variance (B.O.A.)		Case #:		Case #:					
<input type="checkbox"/> 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	<input type="checkbox"/> No	
<input type="checkbox"/> Was Proposed Building Site Delineated		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	
Inspection Record: Mobile home removed. DIT PREMISE START on Hwy 13. VIEWERS on 8-15-15 (VIOLATION) STAKE OPEN W/O PERMIT. TRUCKS OUTSIDE GARAGE + APPEAR TO BE 100% SOFT. DATE OF RE-INSPECTION: 8-19-15		Inspected by: [Signature]		Inspected by: [Signature]		Inspected by: [Signature]			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No they need to be attached.		Zoning District: (A-1)		Trades Classification: (NA)			
<p>BUSINESS USE SHALL NOT OCCUPY MORE THAN 75% OF FLOOR SPACE OF ONE ACCESSORY STRUCTURE + SHALL NOT EMPLOY MORE THAN (1) NON-RESIDENT EMPLOYEE. NO OFF-PREMISE SIGN ALLOWED OR THY 13 WITHOUT D.O.T. APPROVAL + BAYFIELD COUNTY OFF-PREMISE SIGN PERMIT. VIOLATION OF THESE CONDITIONS.</p>									
Signature of Inspector: [Signature]		Date of Approval: [Date]		Signature of Owner: [Signature]		Date of Approval: [Date]			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Hold For [Other]: <input type="checkbox"/>	

CAULD RESULT IN VIOLATION PROCEEDINGS ADD/OR CHARGE

STAMP: BY 705140