

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 SHIPPED (RECEIVED)
 JUN 21 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 16-0195
 Date: 7-11-16
 Amount Paid: \$75
 Refund: 7-11-16

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: Mike Larson Mailing Address: 9375 Pine Camp Dr. Sun Springs WI 54873 Telephone: WI

Address of Property: 9375 Pine Camp Dr. City/State/Zip: Sun Springs WI 54873 Cell Phone: 218 235-1771

Contractor: _____ 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) 1/4, 1/4 Govt Lot 137 CSM 1148/594 Vol & Page 1148/594 Lot(s) No. Block(s) No. Subdivision: Running Bears Add to Plat. Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

Section 8, Township 45 N, Range 9 W Town of: Barney Lot Size _____ Acreage 1.9

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 Is Property in Floodplain Zone? Yes No

Distance Structure is from Shoreline: _____ feet 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
\$1600	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> Well <input type="checkbox"/> _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it) Length: 22' Width: 4'1/2" Height: 2'4"

Proposed Construction: Length: 22' Width: 8' Height: 2'

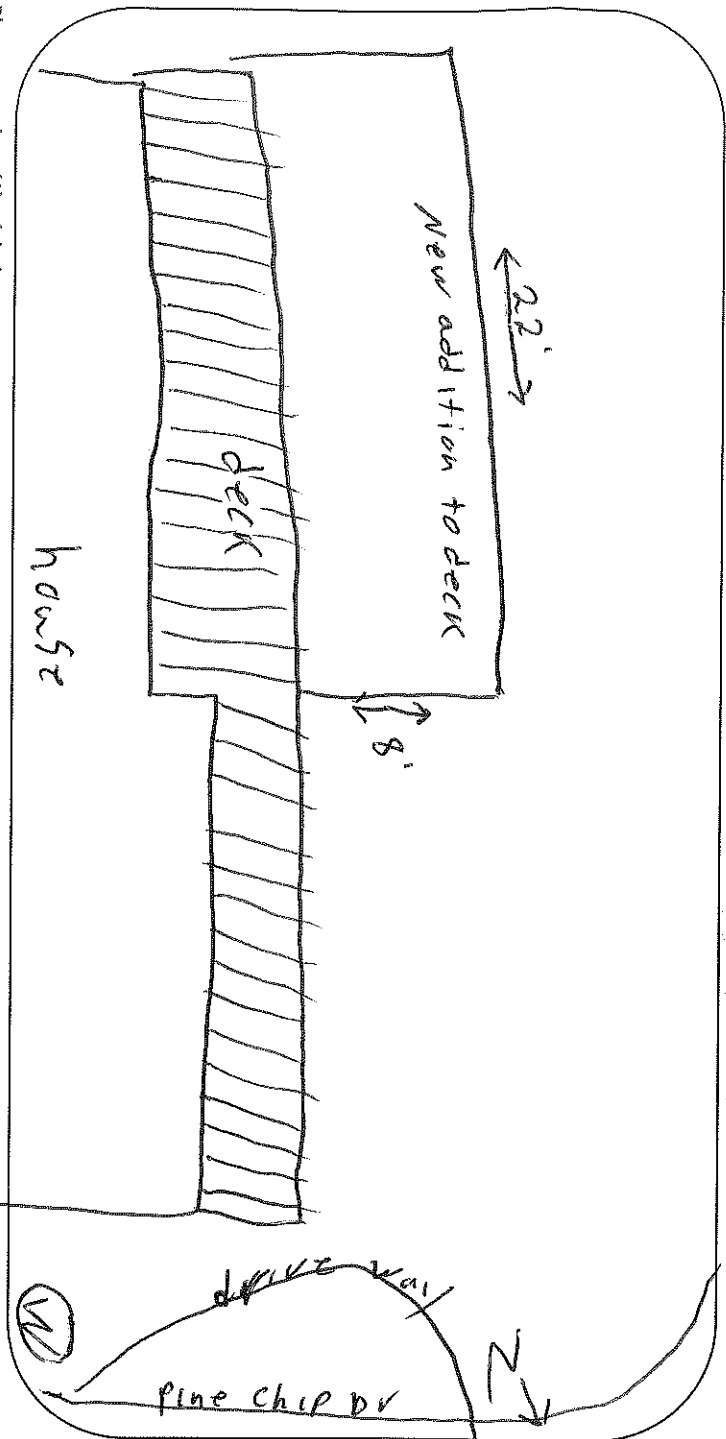
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
	Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Deck	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
	with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/> Residential Use	Addition/Alteration (specify) <u>deck add on</u>	(<u>8' x 22'</u>)	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain)	()	()

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): Mike Larson Date: 6-3-16
 (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: 9375 Pine Camp Dr Sun Springs WI 54873 Attach 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%**



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	165 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	178 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	131 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	90 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	71 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	66 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	56 Feet
Setback to Drain Field	39 Feet		
Setback to Privy (Portable Composting)	Feet		

Note: For the purpose of 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 corner's exterior.

Note: For the purpose of 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 corner's exterior.

(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: <u>92516</u>	# of bedrooms: _____	Sanitary Date: <u>5/11/14</u>	
Permit Denied (Date): _____		Reason for Denial: _____			
Permit #: <u>No-0195</u>	Permit Date: <u>7-11-16</u>				
<input type="checkbox"/> Is Parcel a Sub-Standard lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (fused/contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #: _____	<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____		
<input type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Zoning District (<u>R1</u>) <input type="checkbox"/> Lakes Classification ()	Date of Re-Inspection: _____
Date of Inspection: <u>5/15/16</u>		Inspected by: <u>[Signature]</u>		Date of Approval: <u>[Signature]</u>	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) Must get WDC IF needed					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>[Signature]</u>	