

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

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.

**ENTERED**

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received): JUN 09 2016

Bayfield Co. Zoning Dept.

|              |         |
|--------------|---------|
| Permit #:    | 16-0202 |
| Date:        | 7-13-16 |
| Amount Paid: | \$75    |
| Refund:      |         |

**TYPE OF PERMIT REQUESTED** →  LAND USE  SANITARY  PRIVY  CONDITIONAL USE  SPECIAL USE  B.O.A.  OTHER

Owner's Name: Thomas R. Bogard Mailing Address: 5540 Zumbra Ln Excelsior, MN 55331 Telephone: 952-933-9407

Address of Property: 36715 Cty Rd J City/State/Zip: Bayfield WI 54814 Cell Phone: 952 2614825

Contractor: \_\_\_\_\_ Contractor Phone: \_\_\_\_\_ 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) ST & NISSO FN 1/4 PIN: (23 digits) 04-006-2-60-04-01-3 Recorded Document: (i.e. Property Ownership) 1156 Page(s) 799

Section 1, Township 50 N, Range 4 W Vol & Page W 1136P. 799 Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot Size \_\_\_\_\_ Acreage 20

Town of: Bayfield

Shoreland →  Is Property/Land within 300 feet of River, Stream (incl. intermittent) 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

Non-Shoreland

Is Property in Floodplain Zone?  Yes  No Are Wetlands Present?  Yes  No

| Value at Time of Completion<br>* 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>22,000</u>   | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal              | <input type="checkbox"/> 1               | <input type="checkbox"/> Municipal/City                          | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2               | <input type="checkbox"/> (New) Sanitary Specify Type: _____      | <input type="checkbox"/> Well            |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Single     | <input type="checkbox"/> 3               | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____   | <input checked="" type="checkbox"/> None |
|  | <input type="checkbox"/> Relocate (existing bldg)    | <input type="checkbox"/> Basement           | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____           | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) |  |
|  | <input type="checkbox"/> Run a Business on Property  | <input type="checkbox"/> No Basement        | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract)           |  |
|  |  |   |  |  | <input checked="" type="checkbox"/> Compost Toilet               |  |

Existing Structure: (if permit being applied for is relevant to it) Length: 54' Width: 32' Height: 20'

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

| Proposed Use                        | Proposed Structure   | Dimensions  | Square Footage |
|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property)  | ( X )       |                |
| <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )       |                |
| <input type="checkbox"/>            | with Loft  | ( X )       |                |
| <input type="checkbox"/>            | with a Porch   | ( X )       |                |
| <input type="checkbox"/>            | with (2 <sup>nd</sup> ) Porch  | ( X )       |                |
| <input type="checkbox"/>            | with a Deck  | ( X )       |                |
| <input type="checkbox"/>            | with (2 <sup>nd</sup> ) Deck   | ( X )       |                |
| <input type="checkbox"/>            | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/>            | Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
| <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
| <input type="checkbox"/>            | Addition/Alteration (specify) _____  | ( X )       |                |
| <input checked="" type="checkbox"/> | Accessory Building (specify) <u>pole building</u>  | ( 32 X 54 ) | 1728           |
| <input type="checkbox"/>            | Accessory Building Addition/Alteration (specify) _____   | ( X )       |                |
| <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
| <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
| <input type="checkbox"/>            | Other: (explain) _____   | ( 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.

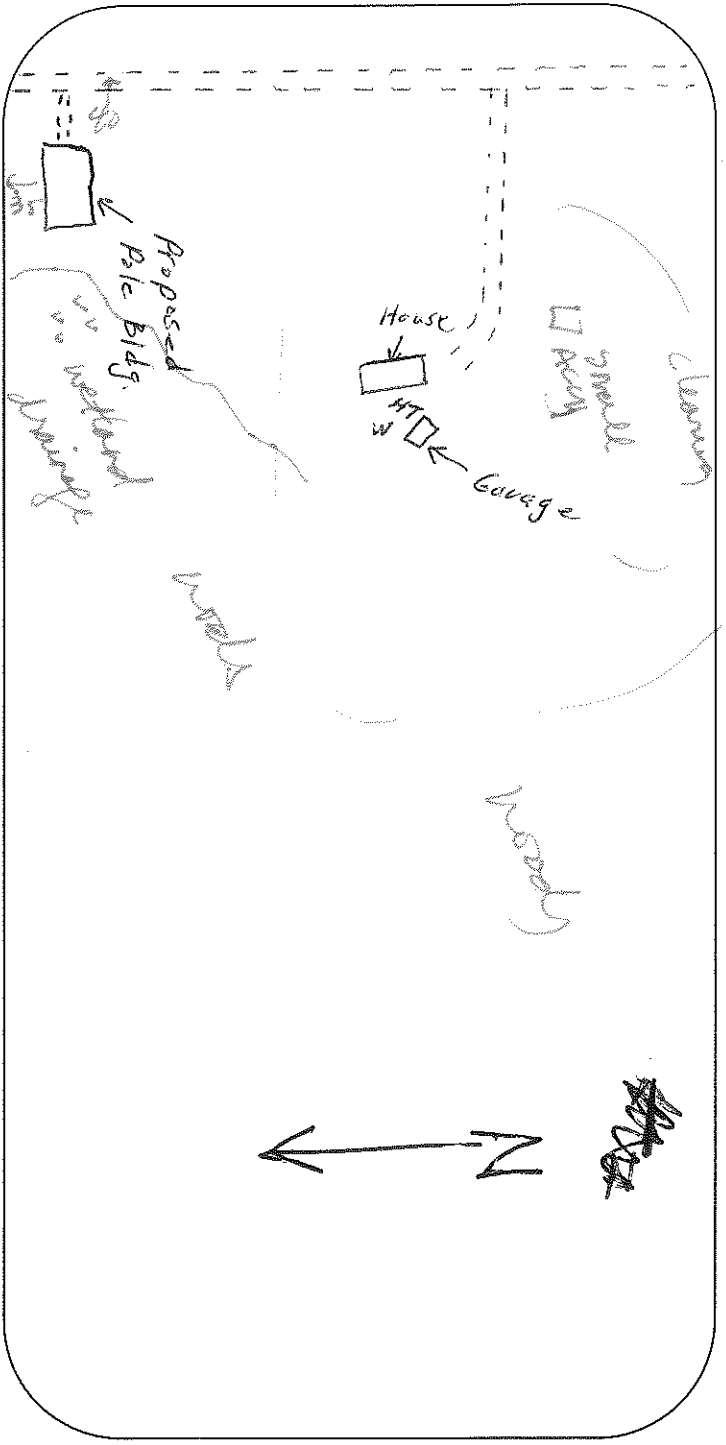
Owners(s): Thomas R. Bogard Date 6-7-16  
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 5540 Zumbra Lane Excelsior MN 55331 Attach Copy of Tax Statement

Below. Draw or Sketch your Property (Regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
  - (2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  - (3) Show Location of (\*): All Existing Structures on your Property
  - (4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  - (5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  - (6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%
  - (7) Show any (\*):



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 | 40 - easement | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way   | Feet          | Setback from the River, Stream, Creek            | Feet   |
| Setback from the North Lot Line             | 35 50' bottom | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 58' 10'       | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 17.35'        | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 12.5'         | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | 300'          | Setback to Well                                  | 350' 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.

04-0578 (9) Stake or Mark Proposed Location(s) of New Construction Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

04-0579 For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

04-0579 The local Town, Village, City, State or Federal agencies may also require permits.

**Issuance Information (County Use Only)** Sanitary Number: # of bedrooms: Sanitary Date:

Permit Denied (Date): Reason for Denial:

Permit #: 16-03009 Permit Date: 7-13-16

Is Parcel a Sub-Standard lot  Yes  No  No  
 Is Parcel in Common Ownership  Yes (Deed of Record)  No  No  
 Is Structure Non-Conforming  Yes (Fused/contiguous lots)  No  No

Granted by Variance (B.O.A.) Case #:  Yes  No  
 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  
 Affidavit Required  Yes  No  
 Affidavit Attached  Yes  No

Inspection Record: Building was to be 40' from center of easement road to avoid wetlands @ rear of structure. Questions re road to avoid wetlands front yarding park. no outfall pipe for house.

Date of Inspection: 3x lot - 211 Inspected by: J. Crambore-Murphy  
 Zoning District: (AG-1)  
 Lakes Classification: (N/A)

Conditions: Town, Committee or Board Conditions Attached?  Yes  No - If No they need to be attached.  
 Building shall be located a minimum of 35 FT from the North property line including the building. Structure shall not be used for human habitation or sleeping purposes + shall not contain plumbing fixtures connected to water under pressure.

Signature of Inspector: Date of Approval: 7-22-16  
 Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees: