

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

754-10003

**APPLICATION FOR PERMIT**  
 BAYFIELD COUNTY, WISCONSIN  
 RECEIVED  
 JUL 07 2016  
 Bayfield Co. Zoning Dept.

**ENTERED**

|              |         |
|--------------|---------|
| Permit #:    | 16-0205 |
| Date:        | 7-18-16 |
| Amount Paid: | \$175   |
| Refund:      | 7-18-16 |

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: Alfred Kiestern Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address of Property: Wags Tame Inn Contractor Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 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  
Robert Rasmussen PIN: (23 digits) 92-9-43-07-08-4 05-010-2000 Recorded Document: (i.e. Property Ownership) Volume 1120 Page(s) 285

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, \_\_\_\_\_ 1/4 Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section 8, Township 43 N, Range 7 W Town of: Cable Lot Size \_\_\_\_\_ Acreage 3.26

Shoreland →  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? 200 feet Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 If Yes---continue → If Yes---continue → Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 Is Property/Land within 1000 feet of Lake, Pond or Flowage  Distance Structure is from Shoreline: \_\_\_\_\_ feet  
 If Yes---continue →

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>BRK</u>  | <input checked="" type="checkbox"/> New Construction<br><input type="checkbox"/> Addition/Alteration<br><input type="checkbox"/> Conversion<br><input type="checkbox"/> Relocate (existing bldg)<br><input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> 1-Story<br><input type="checkbox"/> 1-Story + Loft<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Basement | <input type="checkbox"/> Seasonal<br><input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 1<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 3 | <input type="checkbox"/> Municipal/City<br><input type="checkbox"/> (New) Sanitary<br><input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u><br><input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)<br><input type="checkbox"/> Portable (w/service contract)<br><input type="checkbox"/> Compost Toilet<br><input type="checkbox"/> None | <input type="checkbox"/> City<br><input checked="" type="checkbox"/> Well |

Existing Structure: (if permit being applied for is relevant to it) Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 Proposed Construction: Length: 20 Width: 40 Height: 14

| 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 <sup>nd</sup> ) Porch   | ( ) ( )                   | ( )            |
|   | with a Deck   | ( ) ( )                   | ( )            |
|   | with (2 <sup>nd</sup> ) Deck  | ( ) ( )                   | ( )            |
| <input type="checkbox"/> Commercial Use             | with Attached Garage  | ( ) ( )                   | ( )            |
|   | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | ( ) ( )                   | ( )            |
|   | Mobile Home (manufactured date) _____   | ( ) ( )                   | ( )            |
| <input type="checkbox"/> Municipal Use              | Addition/Alteration (specify) _____   | ( ) ( )                   | ( )            |
|   | Accessory Building (specify) <u>Bole Barn</u>   | ( <u>20</u> X <u>40</u> ) | <u>800</u>     |
|   | Accessory Building Addition/Alteration (specify) _____                                      | ( ) ( )                   | ( )            |
|   | Rec'd for Issuance  | ( ) ( )                   | ( )            |
|   | Special Use: (explain) _____  | ( ) ( )                   | ( )            |
|   | Conditional Use: (explain) _____  | ( ) ( )                   | ( )            |
|   | 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 the 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): \_\_\_\_\_ Date 7-7-16  
 (If there are Multiple Owners, list all owners and sign or letter(s) of authorization must accompany this application)  
 Authorized Agent: Robert Rasmussen Date 7-7-16  
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_ Attach \_\_\_\_\_  
 Copy of Tax Statement  
 If you recently purchased the property send your Recorded Deed

In the box 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 (\*):

See Attached

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) | 200 Feet   |
| Setback from the Established Right-of-Way   | Feet        | Setback from the River, Stream, Creek            | Feet   |
| Setback from the North Lot Line             | 200 Feet    | Setback from the Bank or Bluff                   | Feet   |
| Setback from the South Lot Line             | 224 Feet    | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | 258 Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | 186 Feet    | Elevation of Floodplain                          | Feet   |
| Setback to Septic Tank or Holding Tank      | Feet        | Setback to Well                                  | 250 Feet   |
| Setback to Drain Field                      | 250 Feet    | Setback to Well                                  | 250 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:   | # of bedrooms:  | Sanitary Date:   |  |  |   |
| Permit Denied (Date):   |  | Reason for Denial:   |   |  |  |  |   |
| Permit #: <u>16-0805</u>  | Permit Date: <u>7-18-16</u>  |  |   |  |  |  |   |
| <input type="checkbox"/> Is Parcel a Sub-Standard Lot<br><input type="checkbox"/> Is Parcel in Common Ownership<br><input type="checkbox"/> Is Structure Non-Conforming | <input type="checkbox"/> Yes (Deed of Record)<br><input type="checkbox"/> Yes (Fused/Contiguous Lot(s))<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> No  | <input type="checkbox"/> Mitigation Required<br><input type="checkbox"/> Mitigation Attached                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> No<br><input type="checkbox"/> No | <input type="checkbox"/> Affidavit Required<br><input type="checkbox"/> Affidavit Attached | <input type="checkbox"/> Yes<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Granted by Variance (B.O.A.)<br><input type="checkbox"/> No   |  | Case #:  | Previously Granted by Variance (B.O.A.)   |  |  |  |   |
| <input checked="" type="checkbox"/> Was Parcel Legally Created<br><input type="checkbox"/> Was Proposed Building Site Delineated  |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Were Property Lines Represented by Owner<br><input type="checkbox"/> Was Property Surveyed |  |  |  |   |
| Inspection Record:  | <u>Site Struck</u>   |  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |  |  |   |
| Date of inspection:   | <u>7-7-16</u>  | Inspected by:  | <u>garraun</u>  |  |  |  |   |
| Condition(s) From, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached.        |  |  |   |  |  |  |   |

Must read Setbacks - hold for no water under pressure

Signature of Inspector: Garraun

Date of Re-inspection: (8/1)



# Wayfield County, WI

