

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
 MAY 09 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-00389
 Date: 8-2-16
 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.

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

Owner's Name: **Knut & Mariele Kichue** Mailing Address: **5336 49th Ave N** City/State/Zip: **St. Petersburg FL 33709** Telephone: **715-292-4229**

Address of Property: **77460 Old C Rd** City/State/Zip: **Washburn, WI 54891** Cell Phone:

Contractor: **N.A.** Contractor Phone: **Plumber:** Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **N.A.** Agent Phone: **Agent Mailing Address (include City/State/Zip):** Written Authorization Attached Yes No

PROJECT LOCATION: **1/4 SW 1/4** Legal Description: (Use Tax Statement) **04 050 - 2-49-05-26-3 02-000-11000** PIN: (23 digits)
 Gov't Lot: **1/4** Lot(s): **1/4** CSM: **1/4** Vol & Page: **1/4** Lot(s) No.: **1/4** Block(s) No.: **1/4** Subdivision: **1/4** Recorded Document: (i.e. Property Ownership) Volume **989** Page(s) **953**

Section **26**, Township **49 N, Range 05 W** Town of: **Washburn** Lot Size: **75** Acreage

Shoreland Is Property/Land within 300 feet of River, Stream (incl. Interment) Creek or Landward Side of Floodplain? If yes---continue If yes---continue

Non-Shoreland 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

Ave 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 |
|--|--|---|--|---------------------------------------|---|--|
| \$ 2500 L-Em Constr. | <input type="checkbox"/> New Construction | <input 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 | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: bank | |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | |
| | <input checked="" type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> Property | <input type="checkbox"/> Foundation | | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | |

Existing Structure: (if permit being applied for is relevant to it) Length: **_____** Width: **_____** Height: **_____**

Proposed Construction: Length: **_____** Width: **_____** Height: **_____**

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|-------------------------------------|---|--------------------|-----------------|
| <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | (X) | (X) |
| <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) with Loft | (X) | (X) |
| <input type="checkbox"/> | Residential Use with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage | (X) | (X) |
| <input type="checkbox"/> | Commercial Use Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | (X) |
| <input type="checkbox"/> | Municipal Use Mobile Home (manufactured date) _____ | (X) | (X) |
| | Addition/Alteration (specify) _____ | (X) | (X) |
| | Accessory Building (specify) _____ | (X) | (X) |
| | Accessory Building Addition/Alteration (specify) _____ | (X) | (X) |
| | Special Use: (explain) Room used for educational gatherings | (36 X 26) | (1000) |
| | Conditional Use: (explain) _____ | (X) | (X) |
| | Other: (explain) _____ | (X) | (X) |

Rec'd for is: **AUG 01 2016**

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that the 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 truth 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): **[Signatures]** Date **5-3-16**

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

Authorized Agent: **[Signature]** Date **_____**

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

Address to send permit **77460 Old C Road Washburn, WI 54891**

Copy of Tax Statement **Attach**

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



