

STATEMENT: 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
 AUG 02 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-02160
 Date: 8-10-16
 Amount Paid: \$150
 Refund:

ATE

Bunkhouse \$150.

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: JEANNE R. KRIGAN Mailing Address: 816 TOWER AVE SUPERIOR, WI 54880 Telephone: 715 812-1080

Address of Property: 31365 SMOYERS RD City/State/Zip: WASHBURN, WI 54891 Cell Phone: 715-559-3166

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: 1/4, 1/4 Legal Description: (Use Tax Statement) 04-002-2-18-04-2 05-002-330088 1007 Recorded Document: (i.e. Property Ownership) _____ Page(s) 405

Gov't Lot: 2 Lot(s): _____ CSM: 1007 405 Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section S18, Township TYBUN, Range RD 4 W Town of: BARKS DALE Lot Size: _____ Acreage: 1.516

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 Floodplain Zone? 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
\$4000	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input 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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ADD. 200 GALLON</u> <input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> 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: _____ Width: _____ Height: _____

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Residential Use with Loft	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Residential Use with a Porch	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Residential Use with (2 nd) Deck	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Residential Use with a Deck	(X)	()
<input type="checkbox"/>	<input checked="" type="checkbox"/> Commercial Use with Attached Garage	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use Bunkhouse w/ <input type="checkbox"/> sanitary, or <input checked="" type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(8' X 12')	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use Mobile Home (manufactured date)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use Addition/Alteration (specify)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use Accessory Building (specify)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use Accessory Building Addition/Alteration (specify)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Commercial Use Municipal Use	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Special User: (explain)	(X)	()
<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain)	(X)	()
<input type="checkbox"/>	<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 an 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.

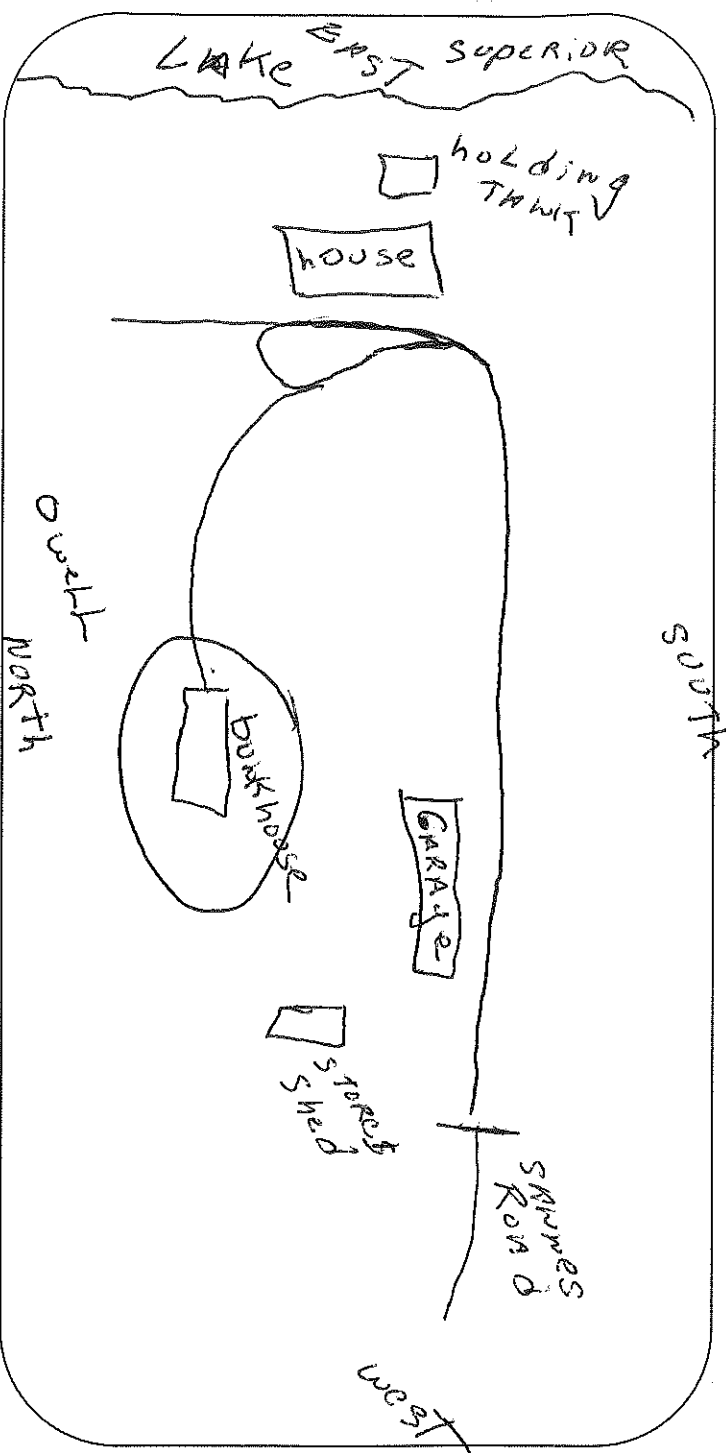
Owner(s): JEANNE R. KRIGAN Date 08-02-16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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 _____ Attach _____
 (If you recently purchased the property send your Recorded Deed Copy of Tax Statement)

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	106 Feet	Setback from the Lake (ordinary high-water mark)	189 Feet
Setback from the Established Right-of-Way	106 Feet	Setback from the River, Stream, Creek	N/C Feet
Setback from the North Lot Line	106 Feet	Setback from the Bank or Bluff	149 Feet
Setback from the South Lot Line	135 Feet	Setback from Wetland	N/C Feet
Setback from the West Lot Line	69 Feet	20% Slope Area on property	N/C Feet
Setback from the East Lot Line	149 Feet	Elevation of Floodplain	N/C Feet
Setback to Septic Tank or Holding Tank	155 Feet	Setback to Well	70 Feet
Setback to Drain Field	N/C Feet		
Setback to Privy (Portable, Composting)	N/C 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: 367299	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 8-13-16	Supervision surface codes	
Permit #: 16-08160	Is Parcel a Sub-Standard lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATT			
Date of Inspection: 6-2-16	Inspected by: J. Greenberg	Zoning District: 12-1	Date of Re-Inspection: 1-September	
Condition(s) from Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
any necessary v/c permit +/or inspections shall be obtained + complied with. No plumbing allowed				
Signature of Inspector: _____	Date of Approval: 8-2-16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	