

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 RECEIVED
 AUG 04 2016



Bayfield Co. Zoning Dept.

Permit #:	160886
Date:	8-9-16
Amount Paid:	\$175
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: JAMES W. DUFFY Mailing Address: 43625 CASTLE GARDEN RD Ctr./State/Zip: APPLE, WI 54821 Telephone: 715-794-2818

Address of Property: 43625 S CASTLE GARDEN RD Ctr./State/Zip: APPLE, WI 54821 Cell Phone: 773-257-8337

Contractor: DICK BAISCA BROS Contractor Phone: 715-798-3653 Plumber: N/A 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 Gov't Lot: 7 Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____ Recorded Document: (i.e. Property Ownership) Volume: 104 Page(s): 221

Section: 13, Township: 43 N, Range 56 W Town of: NAMAKAGON Lot Size: _____ Acreage: 1 ACRE

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes -- continue No
 Distance Structure is from Shoreline: 125 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? Yes -- continue No
 Distance Structure is from Shoreline: _____ feet

Is Property in 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
\$ <u>23,700</u>	<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 type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>CAN</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or 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: 12 Width: 18 Height: 24

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	(<u>12</u> X <u>12</u>)	<u>144</u>
	with (2 nd) Deck	() X ()	
	with Attached Garage	() 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 ()	
	Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>Room Addition</u>	(<u>12</u> X <u>18</u>)	<u>216</u>
	Accessory Building (specify) _____	() X ()	
	Accessory Building Addition/Alteration (specify) _____	() X ()	
	Special Use: (explain) _____	() X ()	
	Conditional Use: (explain) _____	() X ()	
	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.

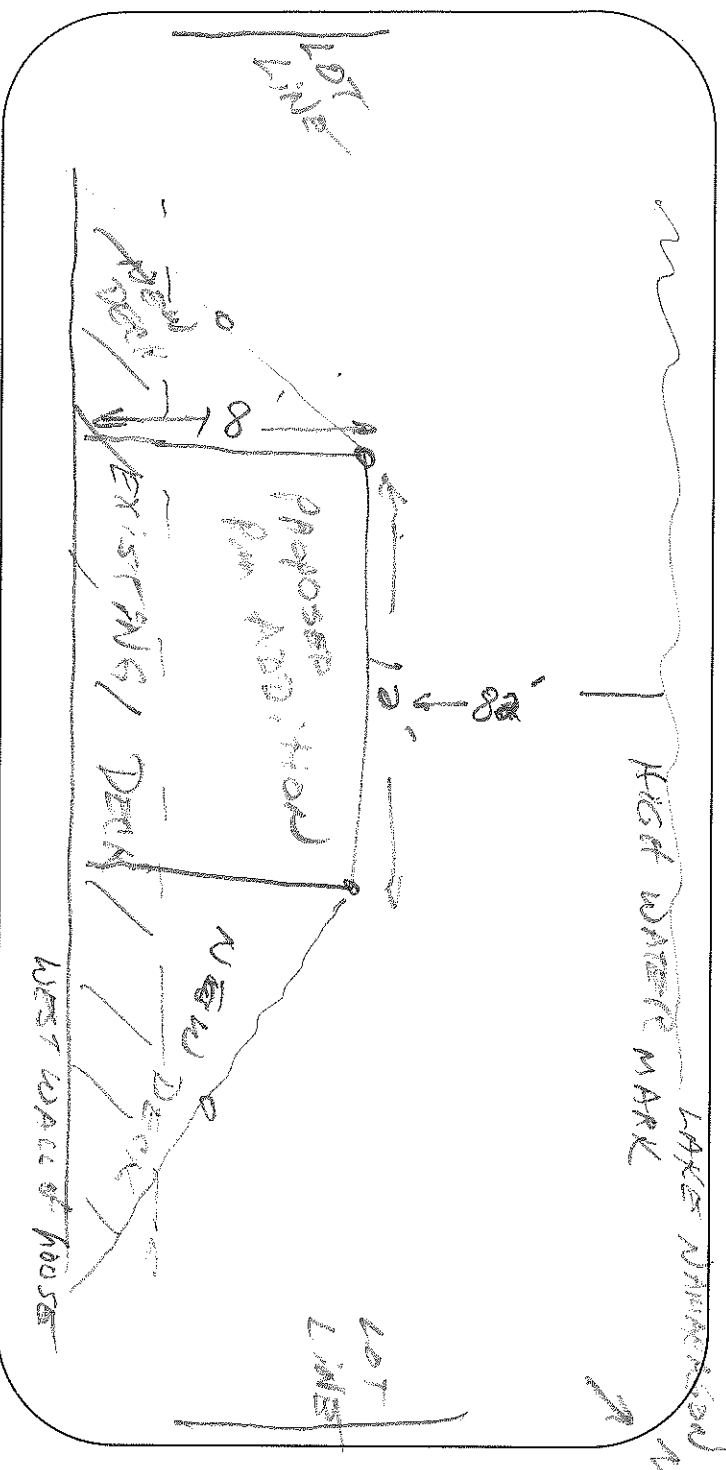
Owner(s): James Duffy Debbie Duffy Date: 8/4/16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 43625 S. CASTLE GARDEN RD : APPLE WI 54821 Attach 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	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	92' Feet
Setback from the North Lot Line	35' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	28' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	92' Feet	20% Slope Area on property	Feet <input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	10' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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.

(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: 298081 # of bedrooms: Sanitary Date: 6-19-97

Permit Denied (Date): Reason for Denial: Permit Date: 8-9-16

Permit #: 16-02826

Is Parcel a Sub-Standard Lot Yes (Deed of Record) 1965 No No No No No No No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No No No No No No No

Is Structure Non-Conforming Yes No No No No No No No

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

Were Property Lines Represented by Owner Was Property Surveyed Yes No Yes No Yes No Yes No

Inspection Record: Yes No No No No No No No

Date of Inspection: 8/14 Inspected by: *Shirley* Zoning District: (R1) Lakes Classification: (1)

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: *Shirley* Date of Approval: 8-8-16

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: