

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

RECEIVED  
 AUG 05 2016

Bayfield Co. Zoning Dept.

Permit #:	16-0216
Date:	8-21-16
Amount Paid:	\$75
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: **KENNETH G. KMETZ** Mailing Address: **20065 CO HWY G ASHLAND WI 54806** Telephone: **715-746-2327**

Address of Property: **20065 Co. Hwy. G** City/State/Zip: **ASHLAND WI, 54806** Contractor Phone: **Plumber: \_\_\_\_\_** Cell 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: **NW 1/4, NW 1/4** Gov't Lot \_\_\_\_\_ Lot(s) \_\_\_\_\_ CSM \_\_\_\_\_ Vol & Page \_\_\_\_\_ Lot(s) No. \_\_\_\_\_ Block(s) No. \_\_\_\_\_ Subdivision: \_\_\_\_\_ Recorded Document: (i.e. Property Ownership) Volume **672** Page(s) **1**

Section **508**, Township **T47 N, Range R05 W** Town of: **ELLEN** Lot Size \_\_\_\_\_ Acreage **15.000**

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue -->

Is Property/Land within 1000 feet of Lake, Pond or Flowage 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 **\$10,000**

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <b>MOULD</b> <input type="checkbox"/> Privy (Pit) or Vulked (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
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft				
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story				
<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement				
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement				
<input type="checkbox"/>	<input type="checkbox"/> Foundation				

Existing Structure: (if permit being applied for is relevant to it) Length: **28'** Width: **22'** Height: \_\_\_\_\_

Proposed Construction: Length: \_\_\_\_\_ Width: **22'** Height: **8'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) with Loft	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	with a Porch	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Porch	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	with a Deck	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date) _____	( ) X ( )	
<input type="checkbox"/> Commercial Use	Addition/Alteration (specify) _____	( ) X ( )	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify <b>PERSONAL USE - (MORT HOUSE) FOR DAD</b> )	( ) X ( )	<b>616 sq. FT.</b>
<input checked="" type="checkbox"/> Municipal Use	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 ( )	

Bayfield Co. Zoning Dept.

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): **Kenmetz & Kmetz** (if there are Multiple Owners listed on the Deed All Owners must sign all letters) of authorization must accompany this application)

Date **8-5-2016**

Authorized Agent: \_\_\_\_\_ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit \_\_\_\_\_

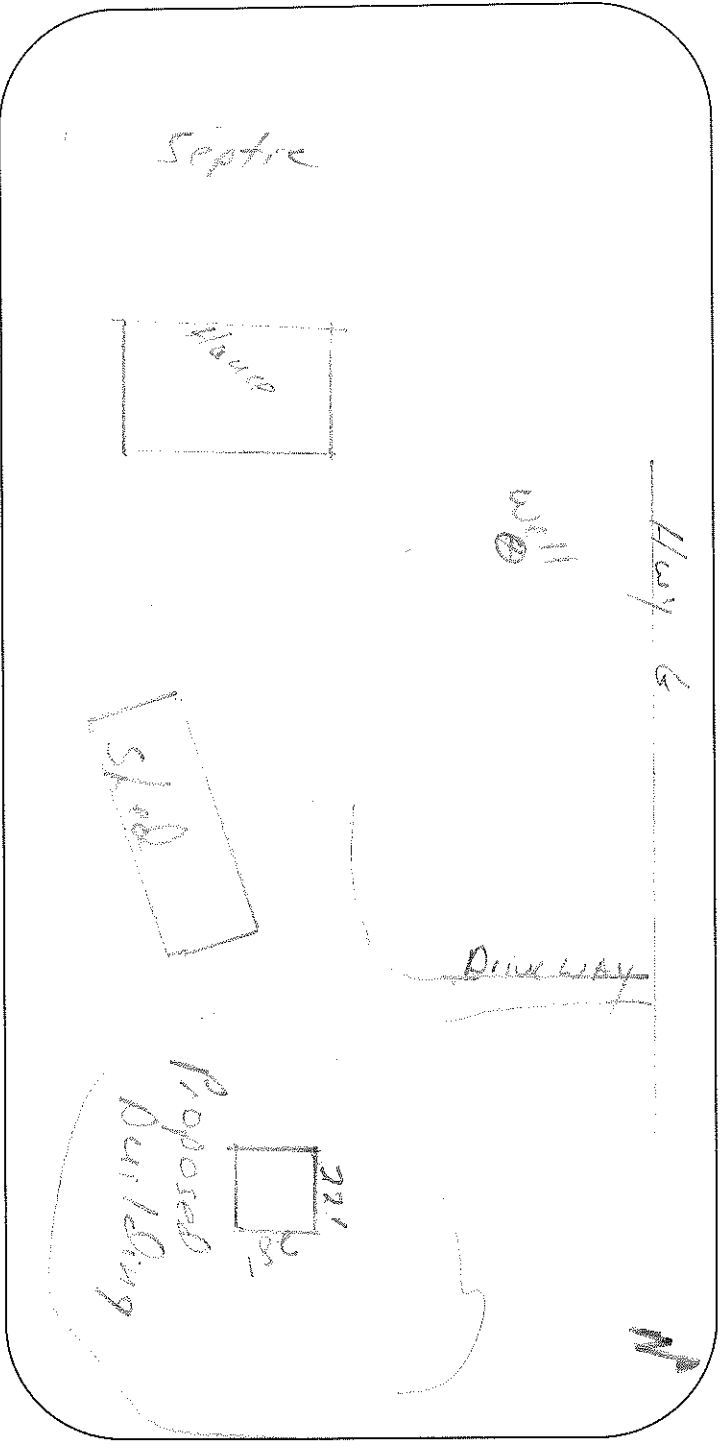
Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

below. 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)

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	223 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	190 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	190 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	635 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	465 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	222 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	195 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 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 #: <b>16-08169</b>	Permit Date: <b>8-24-16</b>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Beed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:	OK To Start Site Marked Date of inspection: <b>8-23-16</b> Inspected by <b>gpc</b> Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) Must be 30' setback from property line. Must be 25' from wetland Not Re-humans habitation Signature of Inspector: <b>gpc</b> Date of Approval: <b>8-24-16</b>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		