

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 **Not**
 BAYFIELD COUNTY WISCONSIN Entered
 Date Stamp (received) **or**
 AUG 05 2016
 Bayfield Co. Zoning Dept.
 Permit #: **16-0280**
 Date: **8-29-16**
 Amount Paid: **\$ 700**
 Refund: **8-29-16**

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: **DEBORAH PLUMM PERMITS** Mailing Address: **907 110th Ave N** City/State/Zip: **ASHLAND WI 54806** Telephone: **715-631-4452**

Address of Property: **SANDY LAKE RD.** City/State/Zip: **MISSION WI 54856** Cell Phone: **715-232-1794**

Contractor: **DAN KESER CONSTRUCTION INC.** Contractor Phone: **715-208-7411** Plumber: **GRACE'S PLUMBING** Plumber Phone: **715-209-2161**

Authorized Agent: (Person Signing Application on behalf of Owner(s)) **LES BYSTROM** Agent Phone: **715-209-7411** Agent Mailing Address (include City/State/Zip): **60181 ST Hwy 13 Ashland WI** Written Authorization Attached Yes No

PROJECT LOCATION: **SW 1/4, Sec 1 1/4** Legal Description: (Use Tax Statement) **S4 S32-2-46-06-08-3-03 000-10000** Volume: _____ Page(s): _____

Section **8**, Township **46** N, Range **6** W Town of: **MISSION** Lot Size: **521 X 925** Acreage: **5.81**

Shoreland → Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

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
\$ 175,000	<input checked="" type="checkbox"/> New Construction <input 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 type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City (New) Sanitary Specify Type: HT <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: **48** Width: **26** Height: **12**

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 nd) Deck with a 2 nd Deck with (2 nd) Deck with Attached Garage	() () () () () () () ()	() () () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/> Recreational Use	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	Accessory Building (specify) NEW DRIVE	(48 X 26)	(1248)
<input type="checkbox"/> Rec'd for Issuance	Accessory Building Addition/Alteration (specify) _____	()	()
<input type="checkbox"/> Rec'd for Issuance	Special Use: (explain) _____	()	()
<input type="checkbox"/> Rec'd for Issuance	Conditional Use: (explain) _____	()	()
<input type="checkbox"/> Rec'd for Issuance	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 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.

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

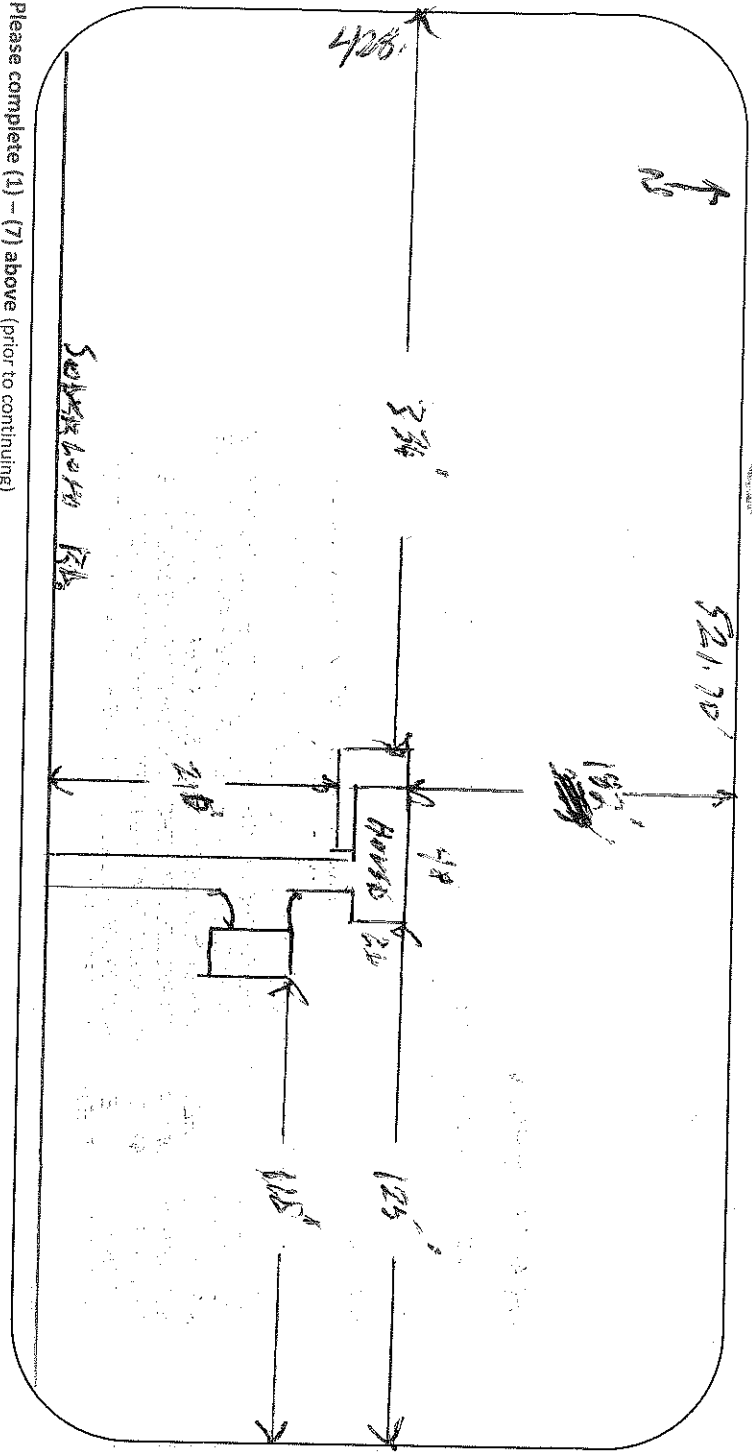
Authorized Agent: **Les Bystrom** Date: **8.1.16**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Attach _____
 If you recently purchased the property send your Recorded Deed

NEED TOA Fee (NTS) APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box 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)

(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	210' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	210' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	182' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	214' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	232' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	125' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	25' Feet
Setback to Drain Field	50' Feet		
Setback to Privy (Portable, Composting)			

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: 16-935	# of bedrooms: 2	Sanitary Date: 8-23-16
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-03885	Permit Date: 8-29-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
Granted by Variance (B.O.A.)	Case #:		Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: OK				
Date of Inspection: 8-23-16	Inspected by: JFZ		Zoning District (A51)	
Conditions/Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached.)			Lakes Classification ()	
Must Comply w/ Any State or Federal Programs the Land May be Resubdivided by Must get CDC				
Signature of Inspector: [Signature]			Date of Approval: 8-24-16	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	