

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
 AUG 30 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0287
Date:	9-1-16
Amount Paid:	\$75
Refund:	8-30-16

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 PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: ROBERT BERGMAN
Mailing Address: 78710 BOON RD WASHBURN, WI, 54891
City/State/Zip: Washburn, W.I. 54891
Telephone:
Cell Phone:

Address of Property: 78710 BOON RD
City/State/Zip: Washburn, W.I. 54891
Contractor: WATTUDOS
Contractor Phone: 715 227 0003
Plumber:
Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))
 WATTUDOS
Agent Phone: 715 227 0003
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-
 1/4, 1/4 Gov't Lot 182 Lot(s) 1 CSM 1757 Vol & Page 1/16/21 Lot(s) No. Block(s) No. Subdivision:
 Section 21, Township 49 N, Range 4 W Town of: BAYWIGAN Lot Size Acreage 3.26

Non-Shoreland

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 Shoreline: 15 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
\$10,000	<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 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 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: 4" x 4" <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: 50 Width: 8 Height: 6

Proposed Construction: Length: 50 Width: 8 Height: 6

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input checked="" type="checkbox"/>	Residential Use with a Porch with (2 nd) Deck	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Accessory Building (specify)	(X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Municipal Use	(X)	
<input type="checkbox"/>	Rec'd for Issuance	(X)	
<input type="checkbox"/>	Special Use: (explain)	(X)	
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/>	Other: (explain)	(50 X 8)	400 sq

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): ROBERT BERGMAN
 Date: 8-28-16

(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)

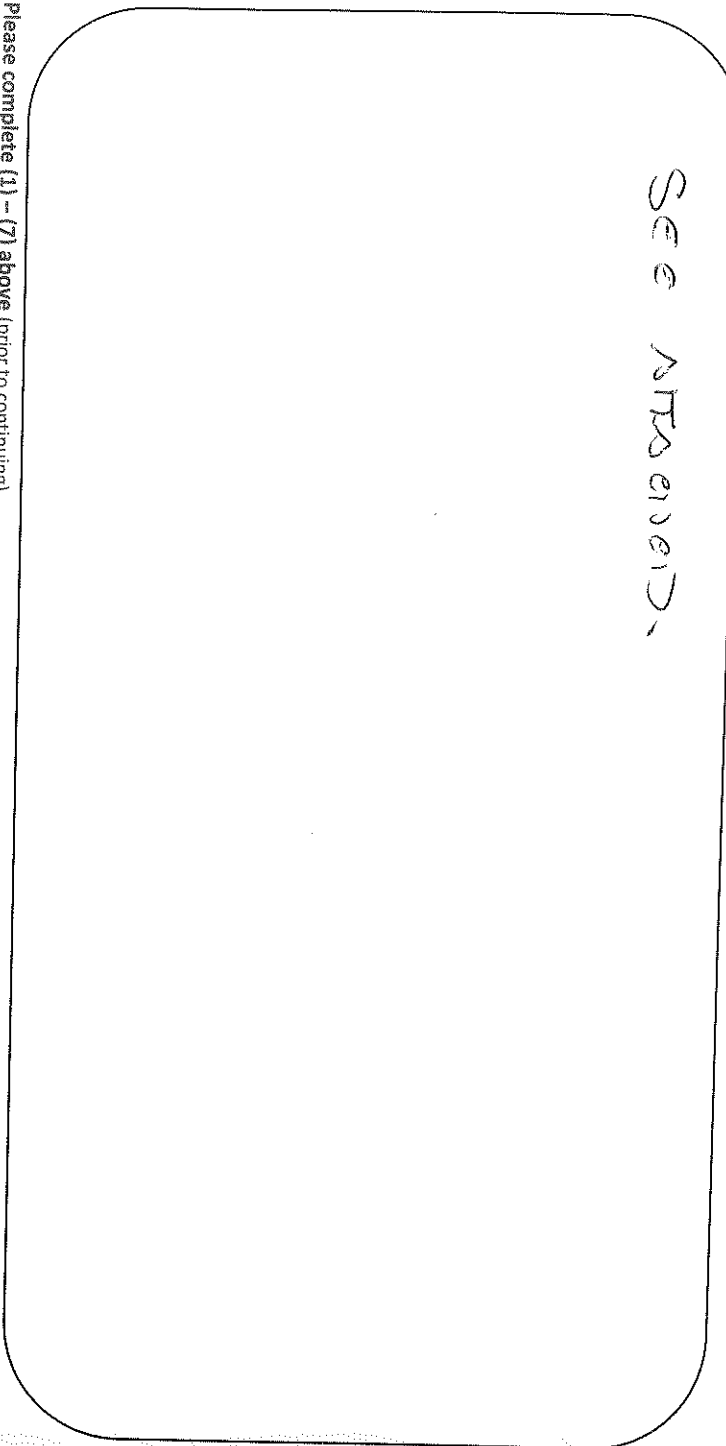
Address to send permit: _____

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

Action: 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%**

See ATTACHED



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)	15 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	30 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	20 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)

Permit Denied (Date): _____ Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Reason for Denial: _____

Permit #: 16-02887 Permit Date: 9-1-16

Is Parcel a Sub-Standard Lot Yes No CSN

Is Parcel In Common Ownership Yes No

Is Structure Non-Conforming Yes No

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

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Inspection by contractor upon completion from neighboring property owner. Stream determined non-navigable by order. A retaining wall left intact = 8 FT width on property.

Date of inspection: 8-30-16 Inspected by: Gregory W. Mungin

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

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Affidavit Required Yes No Affidavit Attached Yes No

Zoning District R-10

Class. Classification 1-1-Supervision

Date of Re-Inspection: _____

Signature of Inspector: _____

Hold For Sanitary: Hold For Fees: Hold For Affidavit: Date of Approval: _____

Signature of Inspector: SHAN BE CONSISTENT WITH WI BIOLOGY TECHNICIAN NOTE #1. STREETS AND HOUSING

Open with



The Bergmans

