

SUBMITT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54991
 (715) 373-6138

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.

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp (Received)
 AUG 18 2016
 Bayfield Co. Zoning Dept.

OK # 1059 (8/17/15)
 Permit #: 16-0891
 Date: 9-16-16
 Amount Paid: \$175
 Refund: 8.26-16

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Chris Anne & Charles L. Best Mailing Address: 45815 Sugar Bay Dr Cable, WI 54821 Telephone: 715 794-2378

Address of Property: 45095 Chicago Ave Cable, WI 54821 City/State/Zip: Cable, WI 54821 Cell Phone: 715 638-0004

Contractor: Mike Best - Renovation/Rental Properties Contractor Phone: (715) 558-4617 Plumber: _____ Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Fortak Agent Phone: (715) 817-2034 Agent Mailing Address (include City/State/Zip): 173 Iron Laker Rd Cable, WI 54821 Written Authorization Attached Yes No

PROJECT LOCATION: Tax ID # 25210 Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Lot Size Acreage

Section 3, Township 43 N, Range 6 W Town of: Namakagon Recorded Document: (i.e. Property Ownership) 1164 Page(s) 335

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) 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

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>120,200</u>	<input 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"/> Existing	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.I.</u> <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: 40 Width: 46 Height: 28

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

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() () ()	()
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	() () ()	()
<input type="checkbox"/> Municipal Use	with Loft	() () ()	()
	with a Porch	() () ()	()
	with (2 nd) Porch	() () ()	()
	with a Deck	() () ()	()
	with (2 nd) Deck	() () ()	()
	with Attached Garage	() () ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() () ()	()
	Mobile Home (manufactured date)	() () ()	()
	Addition/Alteration (specify)	() () ()	()
	Accessory Building (specify)	() () ()	()
	Accessory Building Addition/Alteration (specify)	() () ()	()
Rec'd for Issuance	Special Use: (explain) <u>Class A - Short Term Rental</u>	() () ()	()
SEP 06 2016	Conditional Use: (explain)	() () ()	()
Secretarial Staff	Other: (explain)	() () ()	()

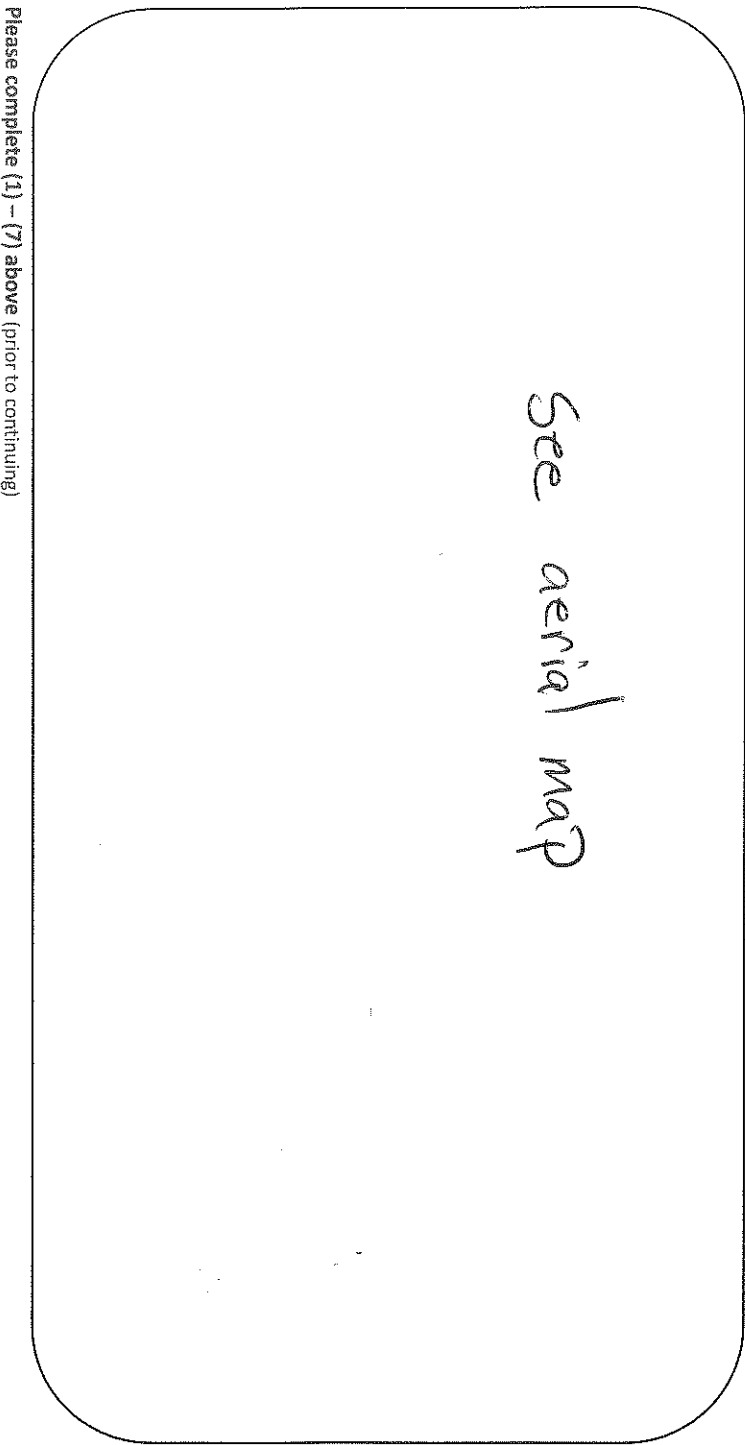
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing 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): _____ Date _____
 (If there are Multiple Owners must sign for letter(s) of authorization must accompany this application)
 Authorized Agent: Michelle & Switale Date 7-30-16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 45815 Sugar Bay Dr, Cable, WI 54821 Attach _____
Channie Best APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed _____

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 aerial map



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	65 70 Feet	Setback from the Lake (ordinary high-water mark)	NA 41 Feet
Setback from the Established Right-of-Way	60 40 Feet	Setback from the River, Stream, Creek	NA NA Feet
Setback from the North Lot Line	60 30 Feet	Setback from the Bank or Bluff	NA NA Feet
Setback from the South Lot Line	80 50 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	1357 Feet
Setback to Septic Tank or Holding Tank	NA 14 Feet	Setback to Well	91 Feet
Setback to Drain Field	NA NA 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).

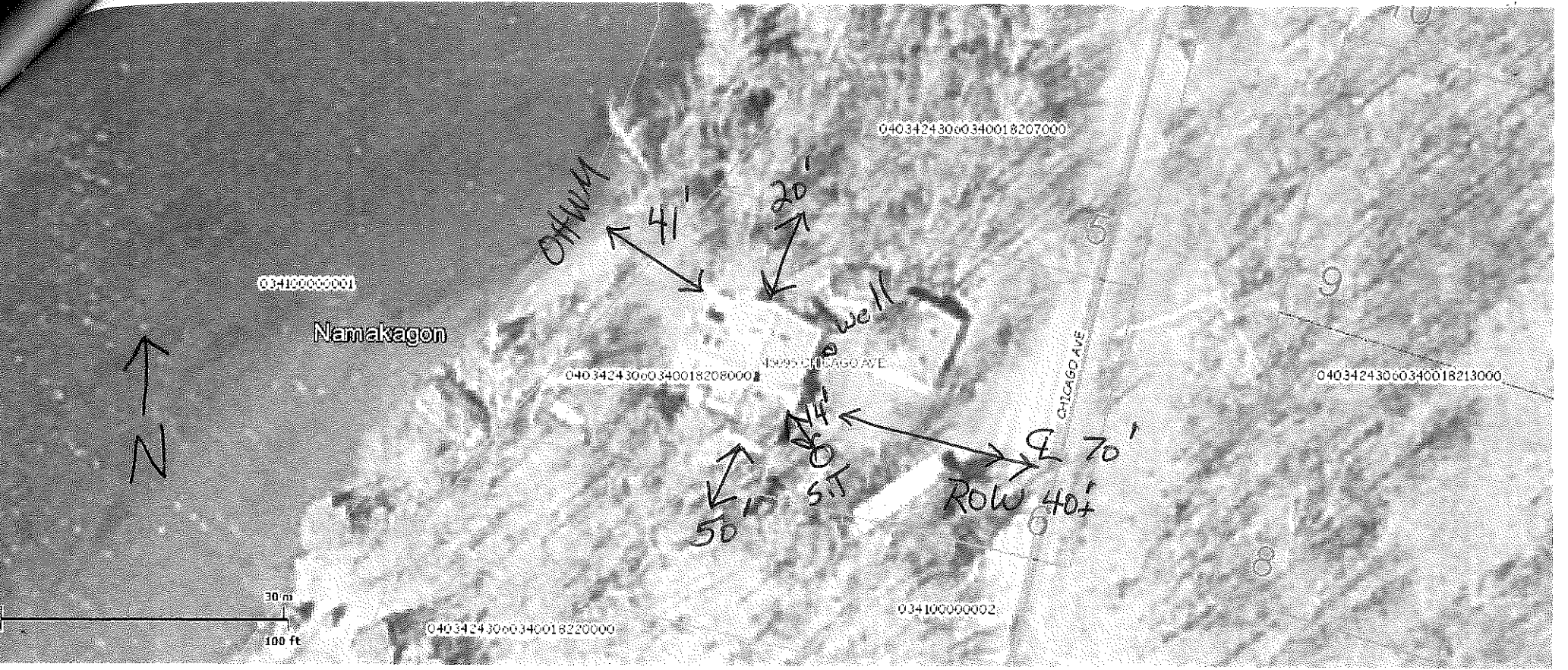
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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: <u>298085</u>	# of bedrooms: _____	Sanitary Date: <u>10/22/96</u>
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: <u>9-6-16</u>		
Permit #: <u>16-0896</u>	Is Parcel a Sub-Standard Lot Is Parcel In Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Granted by Variance (B.O.A.)	Case #: _____	Previously Granted by Variance (B.O.A.)	Case #: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>GR - As indicated</u>				Zoning District: <u>(R-1)</u> Lakes Classification: ()
Date of Inspection: <u>9-1-16</u>	Inspected by: <u>GR</u>			Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
<u>Property will go back to a 90 day Pump Schedule</u>				
<u>Must comply w/ health Dept Requirements</u>				
Signature of Inspector: <u>Officer</u>				Date of Approval: <u>9-2-16</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Cannady shows Hldg Tank on 3yr schedule



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Aerial Map