

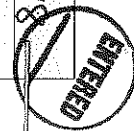
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 AUG 18 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-02888
Date:	9-1-16
Amount Paid:	\$75
Refund:	8-24-16

A 75 - OK # 2005



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: THOMAS & ANNETTE FLAIG
 Address of Property: 83405 WASHINGTON AVE
 City/State/Zip: PORT WING, WI 54865
 Mailing Address: 3156 FRANCE AV N
 City/State/Zip: ROBBI NSDALC, MN 55412
 Telephone: 763-522-0826
 Cell Phone: 763-355-4159

Contractor: Kennard Gaugler
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
 Contractor Phone: 715-774-3585
 Agent Phone: N/A
 Plumber: N/A
 Agent Mailing Address (Include City/State/Zip): N/A
 Written Authorization Attached: N/A

PROJECT LOCATION: LOTS 119 1/2 & 120 1/2 BLOCK 7
 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-042-2-50-08-29-40025909000
 Recorded Document: (i.e. Property Ownership) Volume 1163 Page(s) 644

Section 29, Township 5D N. Range 8 W Town of: PORT WING, WI
 Lot Size .16 Acreage .16

Shoreland Non-Shoreland

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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue If Yes--continue

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion <small>* include donated time & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>18,000</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"/> No Basement <input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) OR <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 27 Height: 14
 Proposed Construction: Length: 27 Width: 14 Height: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input 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 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"/> Municipal Use	Mobile Home (manufactured date) _____ Addition/Alteration (specify) <u>Porch & Screen</u> Accessory Building (specify) _____ Accessory Building Addition/Alteration (specify) _____	() () () ()	() () () ()
	Special Use: (explain) _____ Conditional Use: (explain) _____ 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.

Owner(s): Smith & Kelly Thomas Flais
 (If there are Multiple Owners listed on the Deed All owners must sign or letter(s) of authorization must accompany this application)

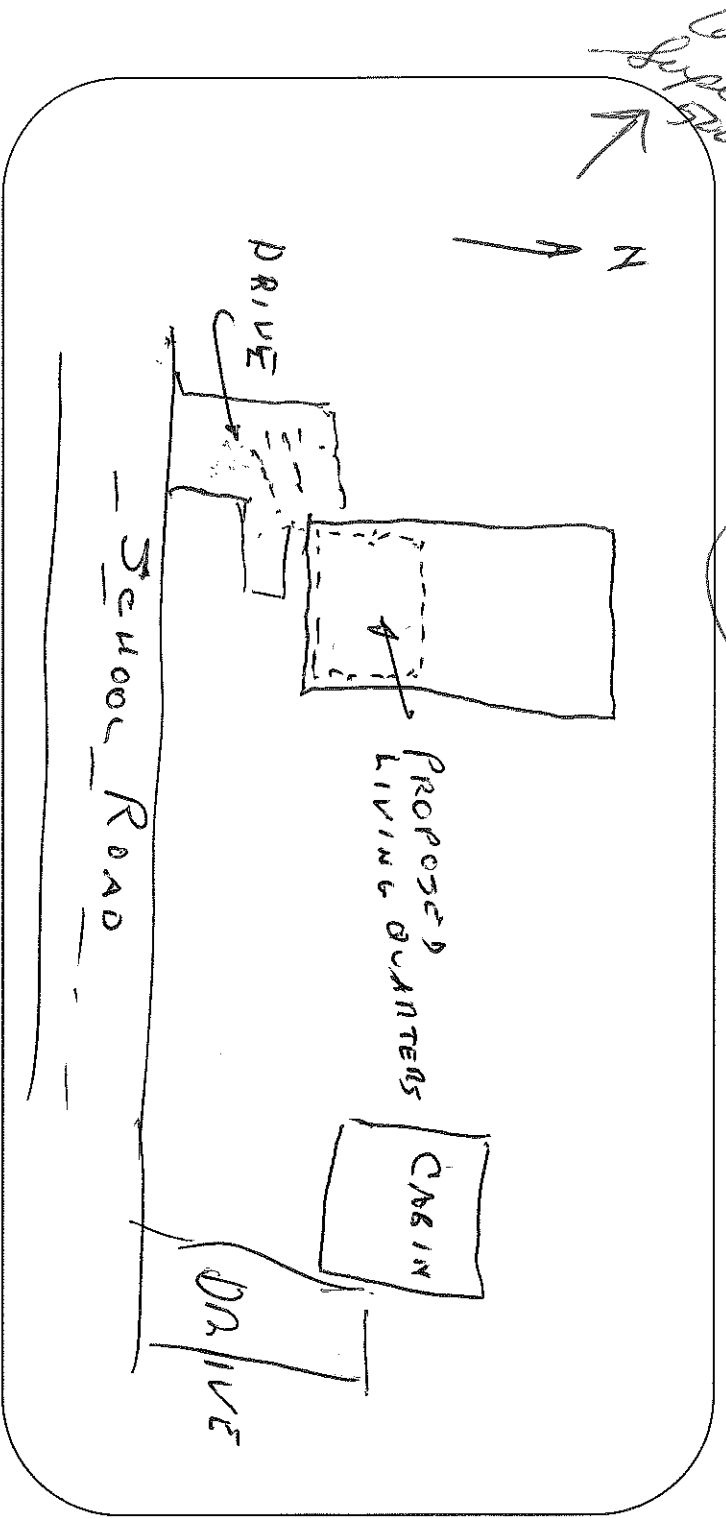
Authorized Agent: _____ Date 8-18-16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

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

Box below: Draw or Sketch your Property (legal description 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%

Wetlands/ Slopes
Proposed Living Quarters
CABIN



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 Feet	Setback from the Lake (ordinary high-water mark)	50 FT Feet
Setback from the Established Right-of-Way	25 Feet	Setback from the River/ Stream/ Creek	Feet
Setback from the North Lot Line	137' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	24' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80' Feet	20% Slope Area on property	725 Feet
Setback from the East Lot Line	94' Feet	Elevation of Floodplain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (portable, Composting)	Feet		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:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 16-0899		Permit Date:	9-7-16		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use owner	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: OLD CABIN TO EAST IS OVER PROPERTY LINE + IN TOWN ROAD R.O.W. OWNER WORKING W/ TOWN TO RESOLVE.					
Date of Inspection: 5-25-16	Inspected by: J. CASHMAN	Number of Sheets:		Date of Re-Inspection:	
Condition(s): TOWN, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)					
OWNER SHOW ABATE VIOLATION OF DISTINGUISH CABIN OVER EAST PROPERTY LINE + IN TOWN ROAD RIGHT OF WAY. APPROVED PER CONDITIONS OF PRZ COMMITTEE. NECESSARY VDC NECESSARY VDC PERMIT SHOW					
Signature of Inspector: <i>[Signature]</i>					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 9-9-16	