

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  
**DEFERIVED**  
 MAR 31 2015  
 Bayfield Co. Zoning Dept.

ENTERED

Permit #: 16-0320  
 Date: 9-20-14  
 Amount Paid: \$300  
 Refund: 9-8-16

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: JEFF NOURSE Telephone: 715-373-5659

Address of Property: 78390 WASHINGTON AVE City/State/Zip: WASHBURN, WI 54891

Contractor: SELF Contractor Phone: 715-292-9115

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: CADY PLUMBING

Agent Mailing Address (Include City/State/Zip): WASHBURN, WI 54891

PROJECT LOCATION: 1/2 NW 1/4, SE 1/4 Gov't Lot: \_\_\_\_\_ Lot(s): \_\_\_\_\_ CSM: \_\_\_\_\_ Vol & Page: \_\_\_\_\_ Lot(s) No.: \_\_\_\_\_ Block(s) No.: \_\_\_\_\_

Section 20, Township 49 N Range 4 W Township Lot: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Acreage: 20

Legal Description: (Use Tax Statement) 1/2 NW 1/4, SE 1/4 PIN: (23 digits) 04-008-2-49-00-20-4-000-1000 Recorded Document: (i.e. Property Ownership) Volume 958 Page(s) 704

Distance Structure is from Shoreline: \_\_\_\_\_ feet Is Property in Floodplain Zone?  Yes  No

Distance Structure is from Shoreline: \_\_\_\_\_ feet Are Wetlands Present?  Yes  No

Shoreland  Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?  Yes---continue  No

Is Property/Land within 1000 feet of Lake, Pond or Flowage?  Yes---continue  No

Value at Time of Completion \* include donated time & material: \$5000

Project: MOBILE HOME

# of Stories and/or basement: 1

# of bedrooms: 1

What Type of Sewer/Sanitary System is on the property?  Municipal/City  (New) Sanitary Specify Type: TANK  Well  City

New Construction  Addition/Alteration  Conversion  Relocate (existing bldg)  Run a Business on Property  Foundation

1-Story  1-Story + Loft  2-Story  Basement  Mobile Home (manufactured date)  Foundation

Length: 60 Width: 40 Height: 16

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 Lot	( )	( )
	with a Porch	( 8 X 12 )	( )
	with ( ) Porch	( )	( )
	with Deck	( 8 X 6 )	( )
	with (2 <sup>nd</sup> ) Deck	( )	( )
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	( )
	Mobile Home (manufactured date) <u>1979 ARTCR</u>	( 15 X 70 )	780
	Addition/Alteration (specify) _____	( )	( )
	Accessory Building (specify) <u>GARAGE</u>	( 24 X 24 )	576
	Accessory Building Addition/Alteration (specify) _____	( )	( )
<input type="checkbox"/> Municipal Use	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 or any reasonably accessible area for the purpose of inspection.

Owner(s): Jeff & Jean Nourse Date: 3/31/15

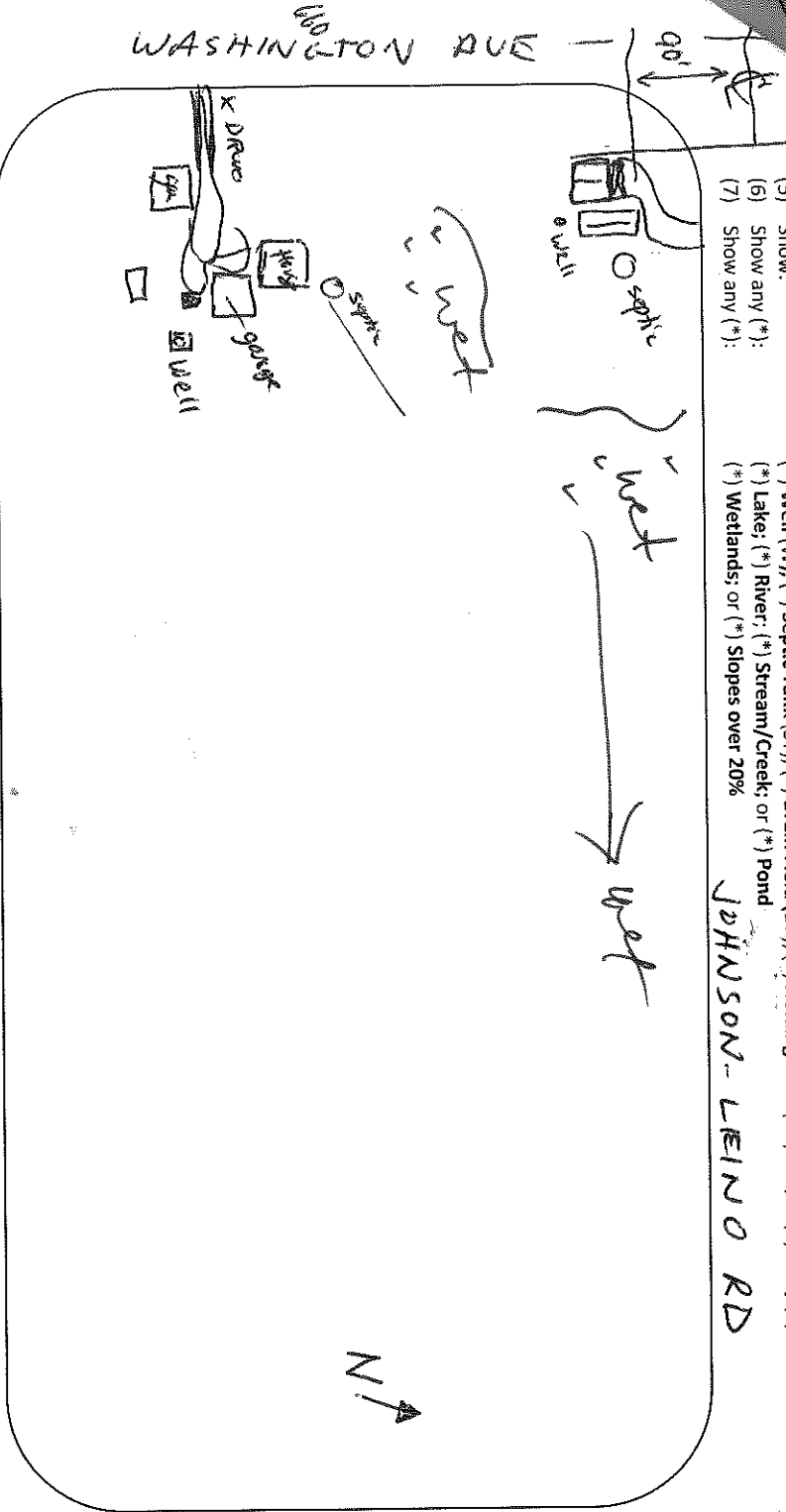
(If there are multiple owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: 78390 WASHINGTON AVE, WASHBURN, WI 54891

- Below: Draw or Sketch your Property (regardless of what you are applying for)
- Show Location of: Proposed Construction
  - Show / Indicate: North (N) on Plot Plan
  - Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
  - Show: All Existing Structures on your Property
  - Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
  - Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
  - Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%
- JOHANSON-LEINO RD



Please complete (1) - (7) above (prior to continuing) 1380' Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	80 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	80 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	90 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	300 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	860 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	450 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	10 Feet
Setback to Drain Field	60 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 within 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: 16-1175 # of bedrooms: 2 Sanitary Date: 9-20-16

Permit Denied (Date): \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Permit #: 16-0320 Permit Date: 9-20-16

Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous lot(s))	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Comforming	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Granted Variance (B.O.A.) Case #: \_\_\_\_\_ Previously Granted by Variance (B.O.A.) Case #: \_\_\_\_\_

Was Parcel Legally Created  Yes  No Were Property Lines Represented by Owner  Yes  No

Was Proposed Building Site Delineated  Yes  No Was Property Surveyed  Yes  No

Inspection Record: intended boundary marked by owner. proposed holding + 25 FT away. adjacent property that could be subdivided Zoning District: (R-1)

Date of inspection: 9-16-15 Inspected by: Jacobsen Murphy Lakes Classification (MHA): \_\_\_\_\_

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

Signature of Inspector: \_\_\_\_\_ Date of Approval: 9-19-16

Hold For Sanitary:  Hold For TBA:  Hold For Affidavit:  Hold For Fees:

*VD inspection + permit. Should be obtained if required.*

*4111 side lot saved had to do work wetlands*