

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

DATE RECEIVED
OCT 03 2016
Bayfield Co. Zoning Dept.

Permit #:	16-0803
Date:	10-12-16
Amount Paid:	\$75 10-3-16
Refund:	

This packet must be sent back to permit completed with fee

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 → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: Alan Kirschbaum	Mailing Address: 70755 Gelligan Rd Ashland WI 54806	City/State/Zip: Ashland WI 54806	Telephone: 715 292 2810				
Address of Property: 70755 Gelligan Rd	Contractor: Miller Construction	Contractor Phone: 715 292 4357	Plumber:	Plumber Phone:				
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
PROJECT LOCATION: 5 th Elc NW 1/4, NW 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-002-2-48-05-33-2 02-000-30000	Recorded Document: (i.e. Property Ownership) Volume 1066 Page(s) 65					
Gov't Lot	Lot(s)	GSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage
								10
Section 33, Township 48 N, Range 5 W	Town of: Barkdale							
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> 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	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO			
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue →							

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
\$ 5950	<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 checked="" 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: <i>Rolling Tanks</i> <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: 16'	Width: 26'	Height: 8'6"			
Proposed Construction:						

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input checked="" type="checkbox"/> Rec'd for Issuance	with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
<input type="checkbox"/> Secretarial Staff	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify) <i>lean to attached to NE end of garage</i>	(26 X 16)	416
	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

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 accuracy 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 and information for the purpose of inspection.

Owner(s) *[Signature]* Date *9/30/16*

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

Authorized Agent: *[Signature]* 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 _____

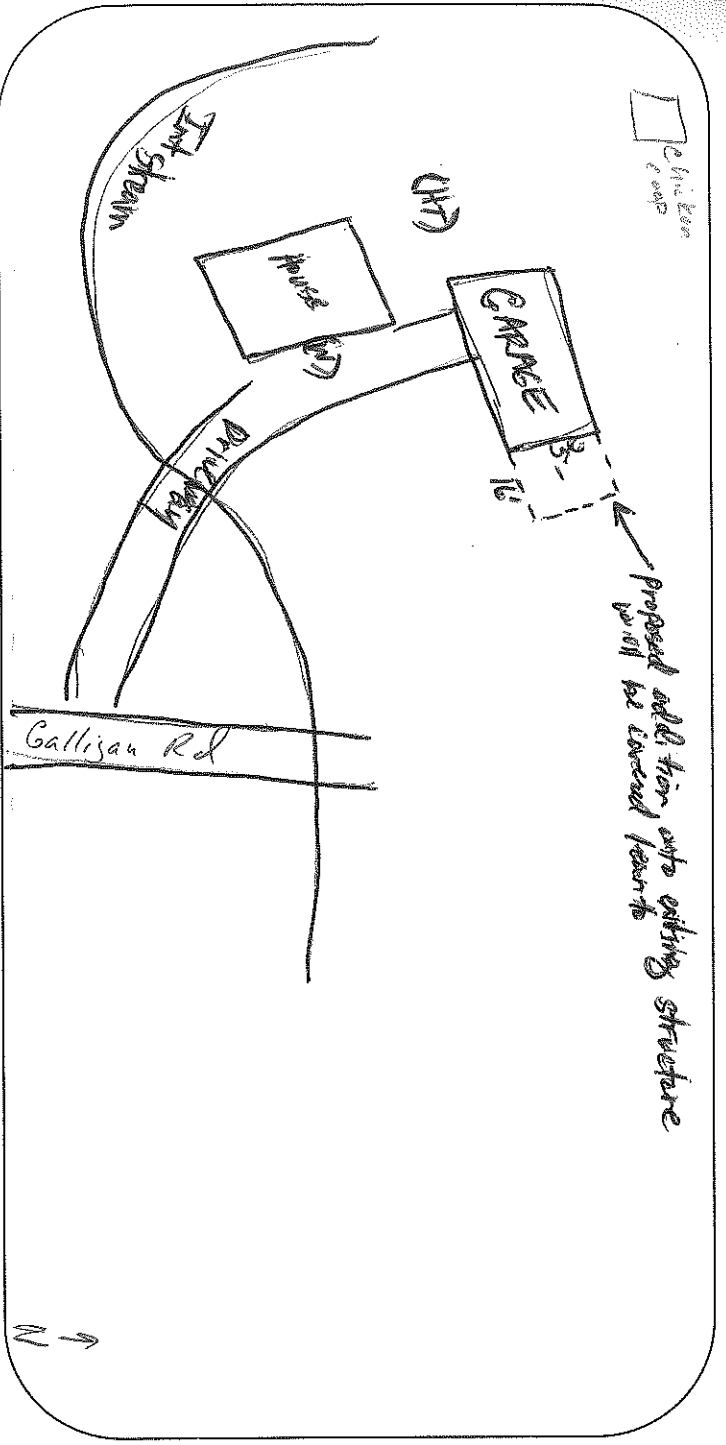
If you recently purchased the property send your Recorded Deed _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Below: Draw or Sketch your Proposed Construction 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)

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	341 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River Stream, Creek	— Feet
Setback from the North Lot Line	357 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	272 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	462 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	253 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	160 Feet	Setback to Well	FD Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

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 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 #: 16-0863	Permit Date: 10-19-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: checked HT. No apparent septic pipe	Inspected by: Tracya M. Mudgett	Zoning District	Lakes Classification (H.A.)	Date of Re-Inspection: 1/14/17
Date of Inspection: 10-11-16	Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Signature of Inspector:	Date of Approval: 10-11-16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	