

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

APPLICATION FOR PERMIT  
 BAYFIELD COUNTY, WISCONSIN

ENTERED  
 AUG 04 2016  
 Bayfield Co. Zoning Dept.

Permit #:	16-0358
Date:	10-10-16
Amount Paid:	\$195 826-16
Refund:	

#195 - 061523

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: Glen and Elizabeth Cletcher Mailing Address: 6488 W Hwy F Ashland WI 54806 Telephone: 715-746-2325

Address of Property: 6488 W Hwy F City/State/Zip: Ashland WI 54806 Cell Phone:

Contractor: Andy Rasmussen Contractor Phone: Plumber: 715-54206 Plumber Phone:

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

PROJECT LOCATION: 8W 1/4, S E 1/4 Legal Description: (Use Tax Statement) 04- PIN: (23 digits) 04- Recorded Document: (i.e. Property Ownership) Volume          Page(s)         

Govt Lot          Lot(s)          CSM          Vol & Page          Lot(s) No.          Block(s) No.          Subdivision:         

Section 35, Township 47 N, Range 6 W Town of: Raystone Lot Size          Acreage         

Shoreland  Is Property/Land within 300 feet of River, Stream (incl. intermittent)          Distance Structure is from Shoreline: 150 feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage          Distance Structure is from Shoreline:          feet

Non-Shoreland           If Yes---continue          If Yes---continue         

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
\$15,000	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input checked="" 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"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding Tank</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:          Width:          Height:         

Proposed Construction: Length:          Width:          Height:         

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 Loft with a Porch with (2 <sup>nd</sup> ) Deck with a Deck with (2 <sup>nd</sup> ) Deck with Attached Garage	( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( X ) ( 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	( 16 X 70 )	1600
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) <u>1990</u> Addition/Alteration (specify) <u>moving addition from front</u> Accessory Building (specify) <u>20 X 24</u> Accessory Building Addition/Alteration (specify) <u>        </u>	( X X ) ( X X ) ( X X ) ( X X )	
<input type="checkbox"/> Other: (explain)	Special Use: (explain) <u>        </u> Conditional Use: (explain) <u>        </u>	( X ) ( X )	

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) John Cletcher Elizabeth Cletcher Date July 29, 2016

Authorized Agent:          Date         

Address to send permit          Attach         

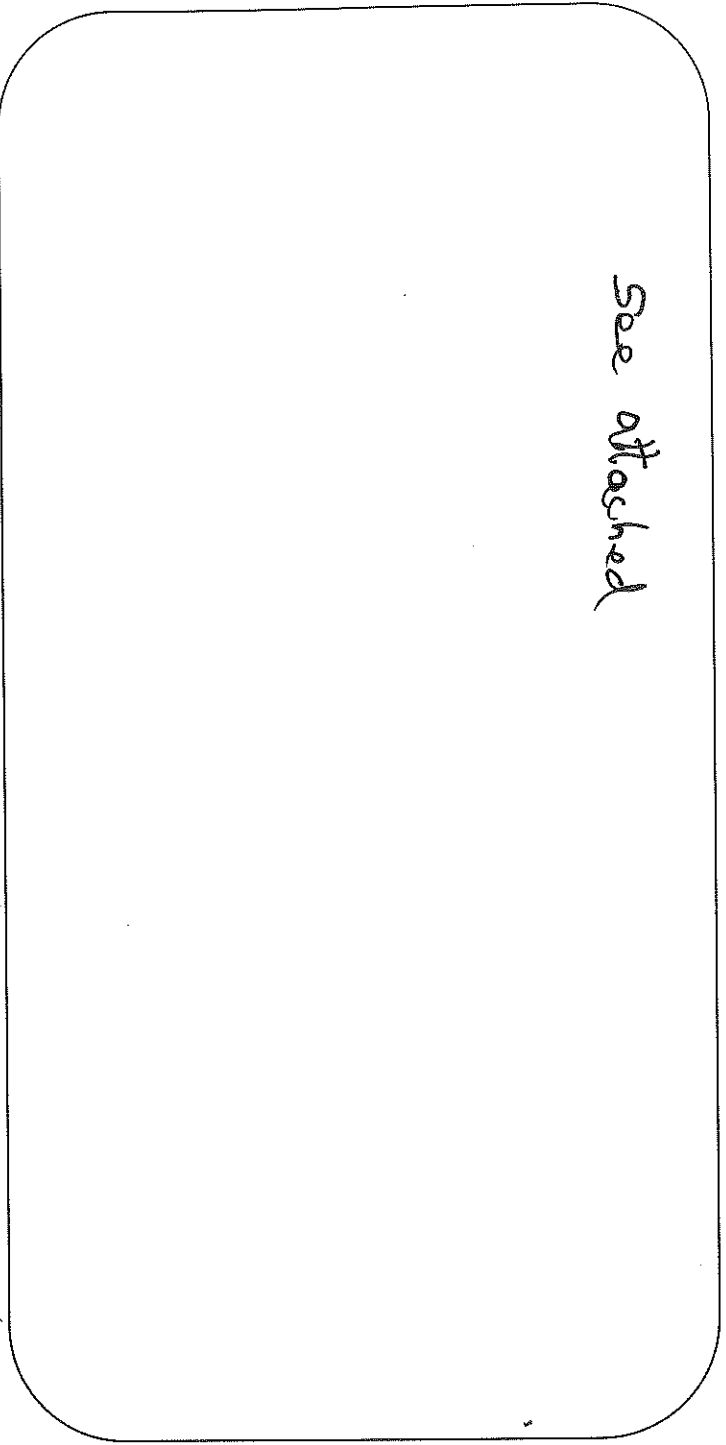
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

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

In the box below 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)

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	500 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	460 Feet	Setback from the River, Stream, Creek	120 Feet
Setback from the North Lot Line	237 Feet	Setback from the Bank or Bluff	100 Feet
Setback from the South Lot Line	195 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	130 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank (Holding Tank)	50 Feet	Setback to Well	100 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.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>16-131S</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	Permit Date: <u>10-10-16</u>		
Permit #: <u>16-0358</u>	<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <i>Inspection by owner. All buildings &amp; structures must be inspected. All buildings &amp; structures must be inspected. All buildings &amp; structures must be inspected. All buildings &amp; structures must be inspected.</i>	Spring District: ( ) Lakes Classification: ( )	Affidavit Required Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Inspection:	Inspected by: <u>J. Cassubere, Murphy</u>	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.) Are Building & Sanitary Systems, Present Utilities, Line Between Setback Requirements to the Conceptual Divide, Line Between THE EXISTING APPLIANCES & EXISTING HOUSE & HOLDING TANK.				
Signature of Inspector:	Date of Approval:			
Hold For Sanitary: <input type="checkbox"/> Hold For DBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>				

Catcher -  
715-746-2375  
bcatcher1@hotmail.com

