

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

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 JUN 15 2016



Permit #:	110-0285
Date:	10-14-16
Amount Paid:	\$695 8.04-16
Refund:	

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 A **BAYFIELD CO. ZONING DEPT**

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

Owner's Name: Christopher L. Etkus Mailing Address: 73450 Andrus Rd, Washburn WI, 54891 Telephone: _____

Address of Property: 73450 Andrus Rd City/State/Zip: Washburn WI, 54891 Cell Phone: 715-223-5828

Contractor: AMEE CAROLYN HAYWARD Washburn WI, 54891 Plumber: _____ Plumber Phone: 715-462-9461

Authorized Agent: (Person Signing Application on behalf of Owner(s)) AMEE CAROLYN HAYWARD 715-634-5332 Uttech Plumbing Written Authorization Attached Yes No

Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____

Recorded Document: (i.e. Property Ownership) _____

PROJECT LOCATION: NE 1/4, SW 1/4 Gov't Lot _____ Lot(s) _____ GSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 16, Township 48 N, Range 5 W Town of: Washburn Lot Size _____ Acreage 2.3

Shoreland Non-Shoreland

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

Distance Structure is from Shoreline: 150 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>150,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>addition tanks</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: 44' Width: 26'4" Height: 15'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>44</u> X <u>26'4"</u>)	<u>1,158</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> with Loft	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> with a Porch	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> with (2 nd) Porch	(<u> </u> X <u> </u>)	
	<input checked="" type="checkbox"/> with a Deck	(<u>25</u> X <u>12</u>)	<u>300</u>
	<input type="checkbox"/> with (2 nd) Deck	(<u> </u> X <u> </u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Accessory Building (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Special Use: (explain) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<u> </u> X <u> </u>)	
	<input type="checkbox"/> Other: (explain) _____	(<u> </u> X <u> </u>)	

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): Christopher Etkus Date 6/11/16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

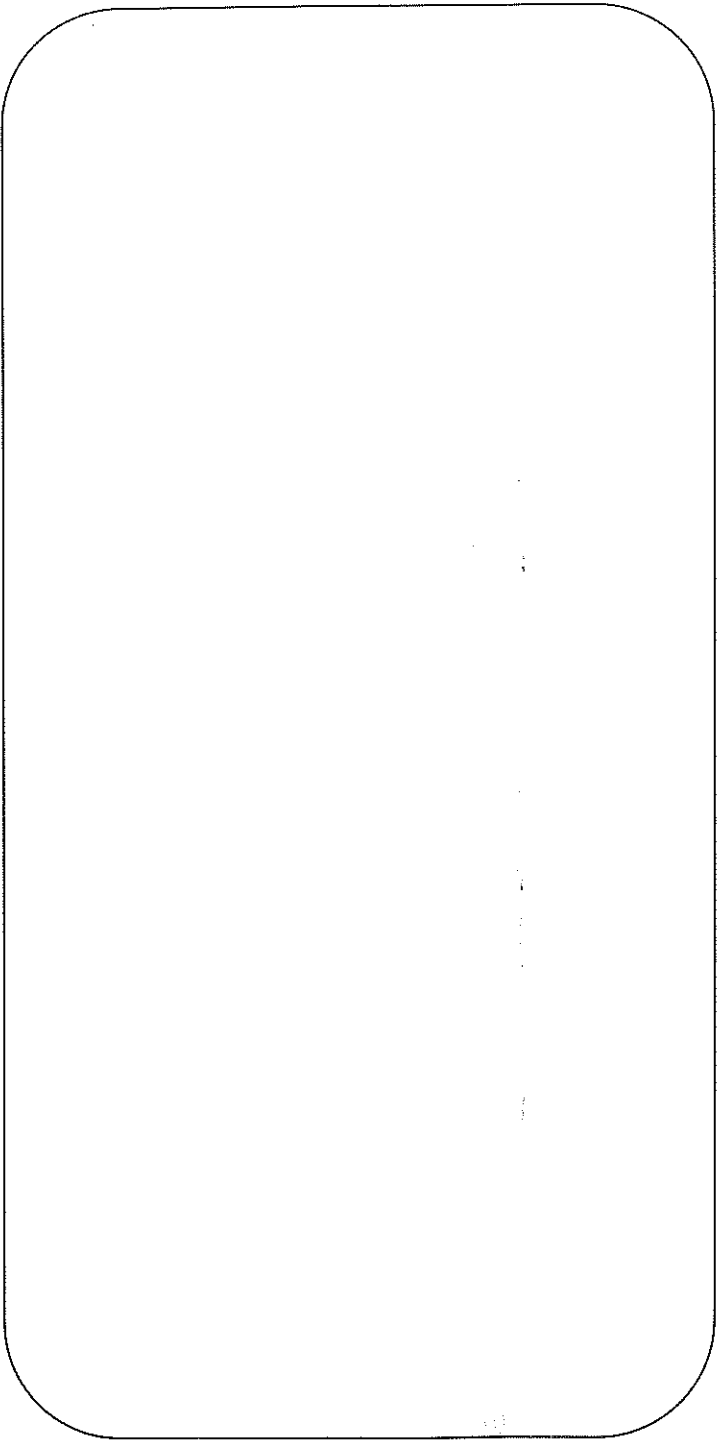
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 73450 Andrus Rd, Washburn WI, 54891 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

House # 784 NEEDS ASD DECK

Show: 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%



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	1,000 Feet	Setback from the Lake (Ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	1,450 Feet	Setback from the River Stream Creek	130 FT Feet
Setback from the North Lot Line	400 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	220 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	44 Feet	Setback to Well	20 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.

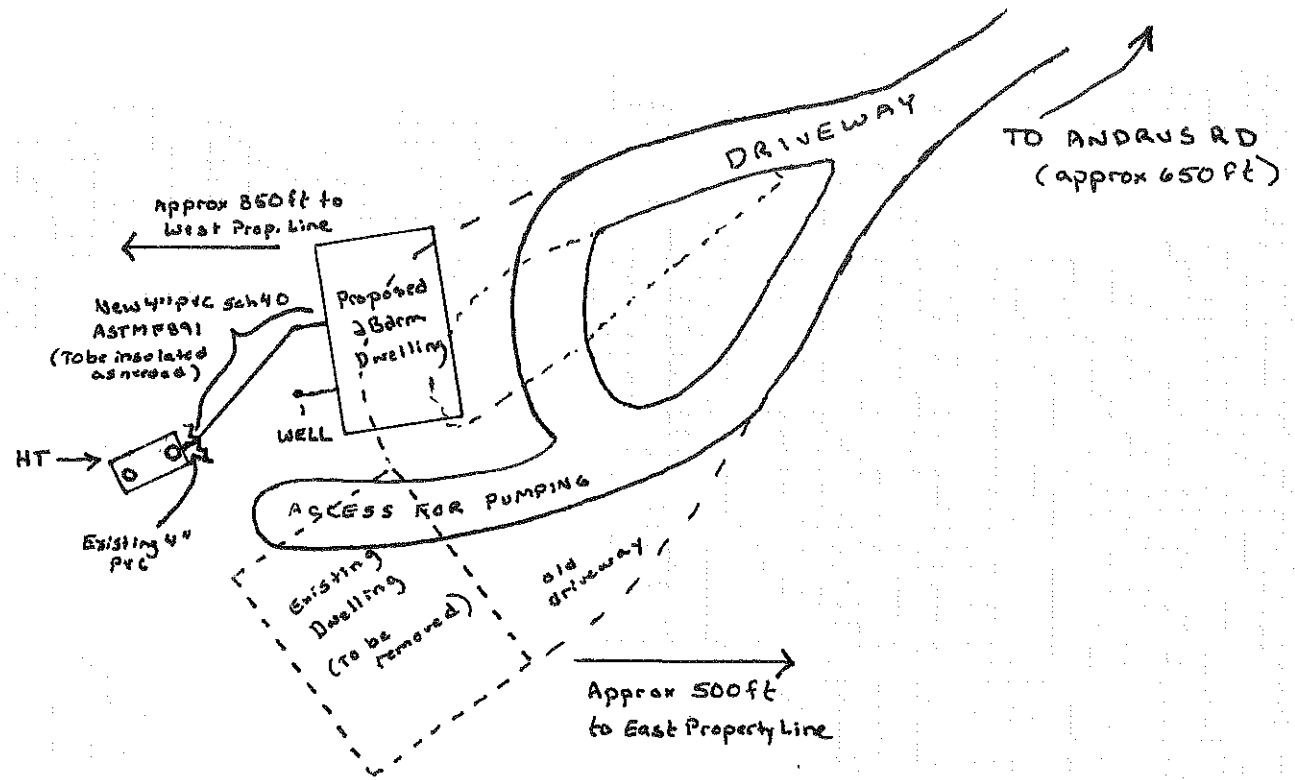
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable 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.

Issuance Information (County Use Only)		Sanitary Number: 389486	# of bedrooms: 4	Sanitary Date: 5-24-2006
Permit Denied (Date):	Reason for Denial:	RECONSTRUCTED IN THIS APPLICATION		
Permit #: 16-03185	Permit Date: 10-14-16			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record) (fused/contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached
Is Structure Non-Conforming	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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 checked="" type="checkbox"/> Yes <input 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:				
Date of Inspection: 6-20-16	Inspected by: J. Thompson, Municipality	Zoning District: (W-1)	Lakes Classification: (3-Stream)	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.)			
VDC permit & inspections required!				
Signature of Inspector:				Date of Approval: 10-12-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



SCALE = 1:40

73450 ANDRUS RD

NE 1/4, SW 1/4, Sec. 16, T48N, R5W

TOWN OF WASHBURN, BAYFIELD COUNTY

Property Owners: Christopher & Ekholm

Pcl # 04-050-2-48-05-16-3 01-000-20000

SOUTH PROPERTY LINE (1400ft)