

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
 Date: SEP 09 2016
 Bayfield Co. Zoning Dept.

ENTERED Permit #:
 Date: 10-17-16
 Amount Paid: \$285 9-9-16
 Refund: \$85 10-2-16

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: Leslie Zell Mailing Address: 557 Upper 216 Ave City/State/Zip: Somerset WI 54025 Telephone: 715-247-2390

Address of Property: 28700 Freindly Valley Rd City/State/Zip: Bayview Wisconsin 54891 Call Phone: 651-775-3991

Contractor: UPNorth Construction Contractor Phone: _____ 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 Yes No

PROJECT LOCATION: NE 1/4, SE 1/4 Gov't Lot: X Lot(s): 1 CSM: 1744 Vol & Page: 19/92 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section: 15, Township: T49N, Range: 5 W Town of: Bayview Lot Size: 663x1309 Acreage: 19,86

DISTRICT: TAX ID 32074 Recorded Document: (i.e. Property Ownership) Volume: _____ Page(s): _____

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

Non-Shoreland Is Property/Land within 1000 feet of Lake, Pond or Flowage If YES—continue No

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 * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>75,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal	<input type="checkbox"/> 1-Story + Loft <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 type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SPHID Well</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

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)	(<u>28</u> x <u>32</u>)	<u>896</u>
<input checked="" type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(<u>30</u> x <u>38</u>)	<u>1040</u>
<input type="checkbox"/> Commercial Use	with Loft	(<u>4</u> x <u>8</u>)	<u>32</u>
<input type="checkbox"/> Commercial Use	with a Porch	(<u>10</u> x <u>28</u>)	<u>280</u>
<input type="checkbox"/> Commercial Use	with a Deck	(_____)	
<input type="checkbox"/> Commercial Use	with (2 nd) Deck	(_____)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(_____)	
<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)	(_____)	
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	(_____)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(_____)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	(_____)	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	(_____)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(_____)	
<input type="checkbox"/> Municipal Use	Conditional Use: (explain)	(_____)	
<input type="checkbox"/> Municipal Use	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): Leslie Zell Date 9-9-16
 (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 557 Upper 216th Ave Somerset WI 54025
 Copy of Tax Statement

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 Copy

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	813 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	990 Feet	Setback from the River Stream Creek	Feet
Setback from the North Lot Line	118 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1122 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	N/A Feet
Setback to Drain Field	130 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.

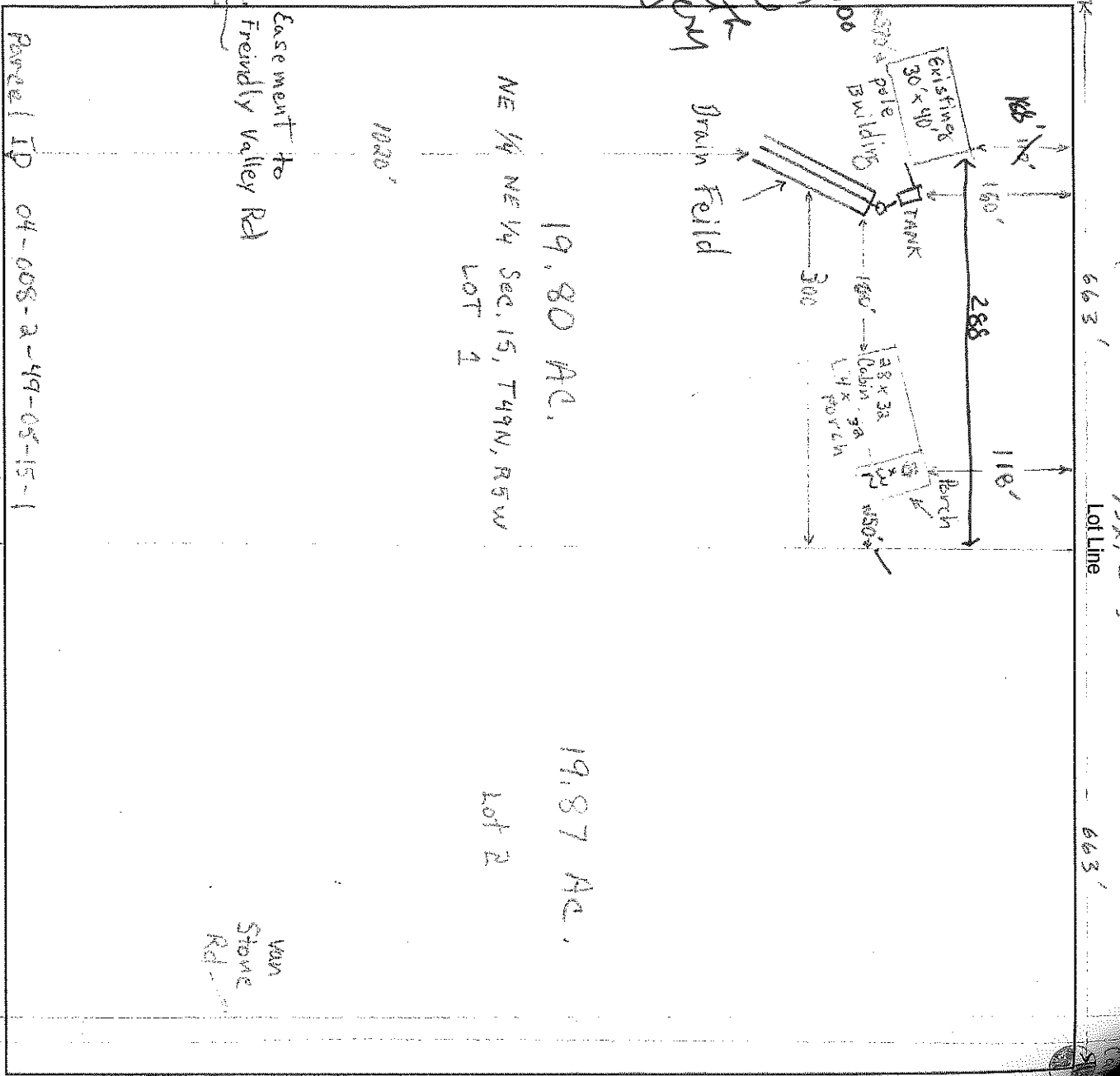
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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: <u>16-315</u>	# of bedrooms: <u>3</u>	Sanitary Date: <u>5-18-16</u>
Permit Denied (Date):	Reason for Denial:	Permit Date: <u>10-17-16</u>		
Permit #: <u>16-0871</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No (Structure Non-Conforming)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Granted by Variance (B.O.A.) Case #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No 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 Were Property Lines Represented by Owner Was Property Surveyed
Inspection Record: Date of Inspection: <u>9-22-16</u>	Inspected by: <u>Sherahant Murphy</u>	Zoning District: <u>(F-1)</u> Lakes Classification: <u>(R1A)</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.)				
Signature of Inspector: <u>UDC PERMIT + INSPECTIONS REQUIRED</u>				
Hold For Sanitary: <input type="checkbox"/> _____	Hold For BSA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	Date of Approval: <u>10-14-16</u>



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location, size and dimensions of the structure - (include any deck(s), porch or garage)
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b. Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic tank to closest lot line
 - e. Septic tank to building
 - f. Septic tank to well
 - g. Septic tank to lake, river, stream or pond
 - h. Privy to closest lot line
 - i. Privy to building
 - j. Privy to lake, river, stream or pond
 - k. Drain field to closest lot line
 - l. Drain field to building
 - m. Drain field to well
 - n. Drain field to lake, river, stream or pond.
 - o. Well to building

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY

*NOTICE: ALL Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.