

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
 ENTERED
 AUG 29 2016
 Bayfield Co. Zoning Dept.

Permit #: 16-0374
 Date: 10-17-16
 Amount Paid: 75 - ATFA 75
10-16-16 8-29-16
 Refund: del

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: JAMES LUCIUS Mailing Address: 65980 COLWYR City/State/Zip: MARSAUIS SVESSE Telephone: 715-746-2093

Address of Property: SAMU City/State/Zip: SAMU Cell Phone: 715-292-0411

Contractor: A1 ZEPCEZYK 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 Legal Description: (Use Tax Statement) NW 1/4, NW 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 30, Township 47 N, Range 6 W Town of: KEYSTONE Lot Size _____ Acreage 4

Shoreland → 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

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure Is from Shoreline: _____ feet

Non-Shoreland

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>\$29,000</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 type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HOLDING</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/> <u>SIAB</u>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 30 Height: 16 FT

Proposed Construction: _____ Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	with a Porch	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	with (2 nd) Deck	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	with (2 nd) Deck with Attached Garage	(<u>X</u>)	(<u>X</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>X</u>)	(<u>X</u>)
<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	Addition/Alteration (specify) _____	(<u>X</u>)	(<u>X</u>)
<input checked="" type="checkbox"/>	Accessory Building (specify) <u>POLE BARN SHOP</u>	(<u>30 X 36</u>)	(<u>1080</u>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	Special Use: (explain) _____	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	Conditional User: (explain) _____	(<u>X</u>)	(<u>X</u>)
<input type="checkbox"/>	Other: (explain) _____	(<u>X</u>)	(<u>X</u>)

REC'D for ISSUANCE OCT 17 2016

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) acknowledge that I (we) understand the depth 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): _____ Date 8-29-16

(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 _____ Attach _____

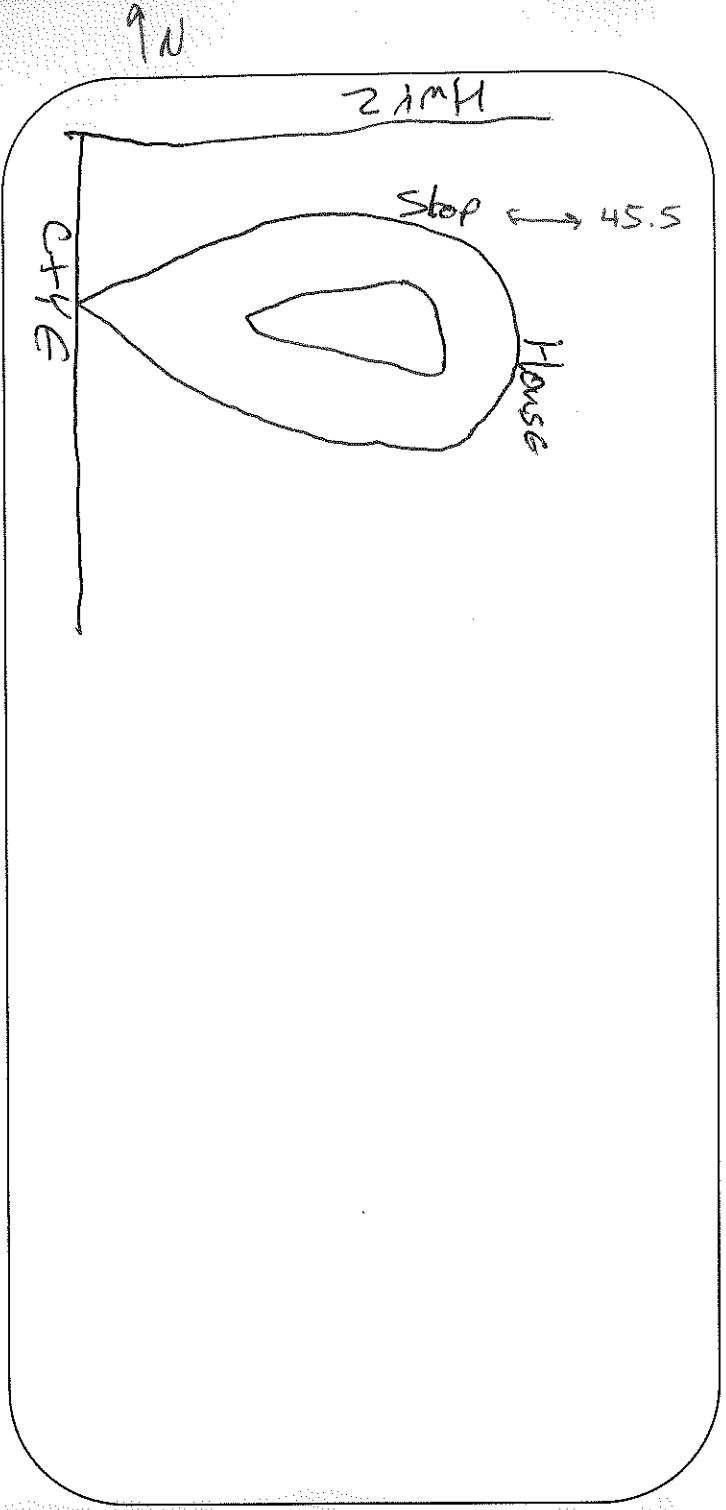
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed _____

Copy of Tax Statement _____

Draw or sketch your property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on Your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	320 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	88 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	217 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Road	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	52 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	175 Feet	Setback to Well	170 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 Dwelling: 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: 1144558 # of bedrooms: 2 Sanitary Date: 8/17/1998

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 10-0374 Permit Date: 10-17-16

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) 1904 No

Is Parcel in Common Ownership Yes (Fused/contiguous lots) No

Is Structure Non-Conforming: Yes No

Granted by Variance (B.O.A.) Case #: NA Previously Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: Project started prior to permit issuance. Location as represented by homeowner appears to identify Code Compliant location

Date of Inspection: 10/11/2016 Inspected by: Robert Schirman

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

Not to be used for human habitation. Must apply for special exception for location of residence within 3 months of the date of issuance of this permit.

Signature of Inspector: [Signature] Date of Approval: 10/13/16

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