

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 RECEIVED
 OCT 11 2016
 Bayfield Co. Zoning Dept.

ENTERED
 Date: 10-12-16
 Amount Paid: \$300 10-7-16

Permit #:	160369
Amount Paid:	\$300 10-7-16
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 APPLICANT.

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

Owner's Name: Jameson Heimreich Mailing Address: 24680 County Hwy Mason WI 54856 Telephone: _____

Address of Property: 23235 Blectmarch RD City/State/Zip: Mason WI 54856 Cell Phone: 715-492-1805

Contractor: Mattlers Builders Contractor Phone: 915 826 2484 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: Sid 1/4 Sid 1/4 Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____ Recorded Document (i.e. Property Ownership) Volume 1189 Page(s) 459

Section 2, Township 46 N. Range 6 W Town of: Mason Lot Size _____ Acreage 4.8

Shoreland Non-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

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion <small>*Include donated items & material</small>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>120,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" 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 type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input 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"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Slab	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it) Length: 140 Width: 30 Height: 40

Proposed Construction: Length: 110 Width: 70 Height: 16

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Dairy Barn addition</u>		(<u>116</u> X <u>76</u>)	<u>7700</u>
<input type="checkbox"/> Accessory Building (specify) _____		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Special Use: (explain) _____		() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	
<input type="checkbox"/> Other: (explain) _____		() X ()	

REC'D for ISSUANCE
 Residential Use
 OCT 17 2016
 Secretarial Staff

FAIR USE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES 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): Jameson Heimreich Date 5-

(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)

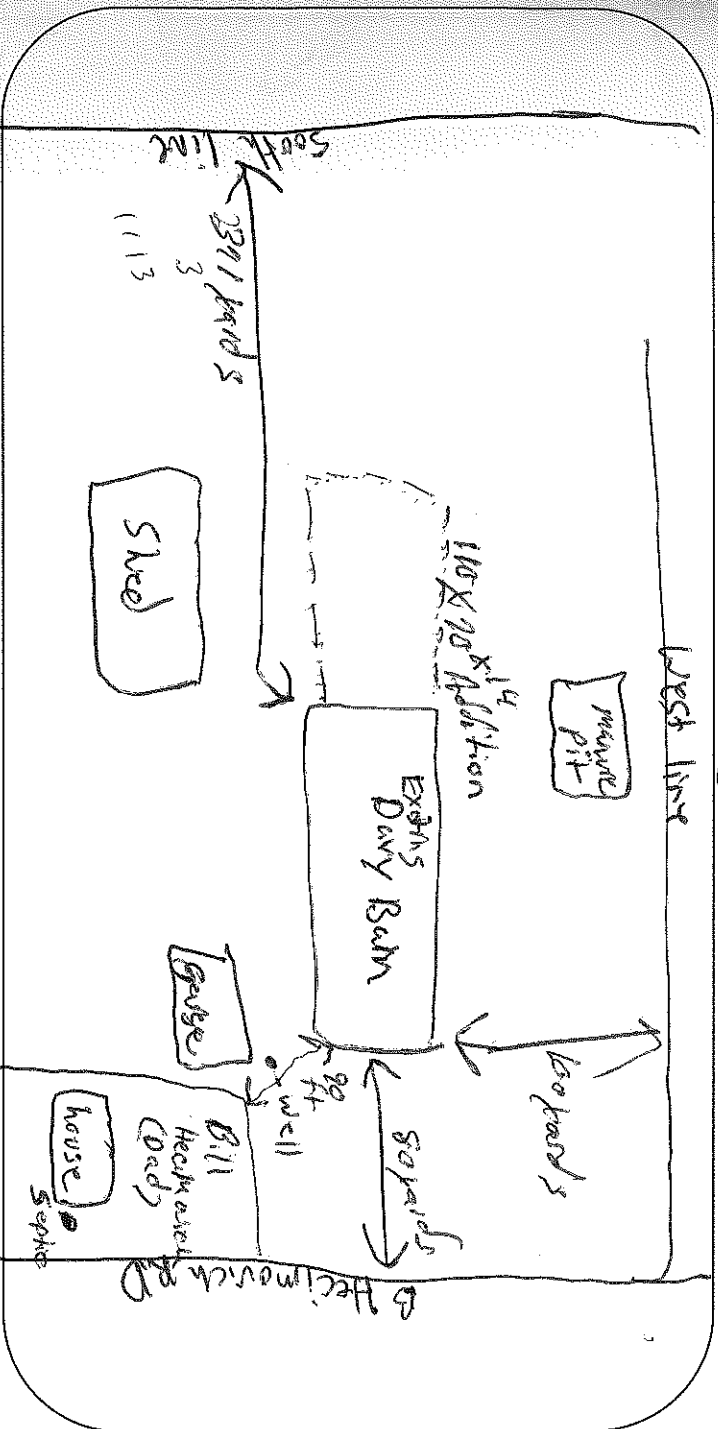
Address to send permit: _____ Attach _____

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

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)

(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	24 24 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 Lotline	370 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	950 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	290 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	40 Feet
Setback to Drain Field	200 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:	# of Bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-08609	Permit Date: 10-17-16			
<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"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<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	<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
Inspection Record: Staked, OK to Start	Inspected by: [Signature]	Zoning District (1291)	Lakes Classification	Date of Re-Inspection:
Date of Inspection: 10-13-16	Inspected by: [Signature]			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached.)	Not for [Signature]			
Signature of Inspector: [Signature]	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 10-13-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	