

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 20 2016
 Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-03992
Date:	10-31-16
Amount Paid:	\$1085 16-00-16
Returned:	

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: Pine Point Cabins LLC Mailing Address: 10775 Pike Rd Iron River WI 54847 Telephone: 715-372-8711
 Address of Property: 10775 Pine Point Road City/State/Zip: Iron River WI 54847 Call Phone: 715-292-3279
 Contractor: SELF Contractor Phone: 715-292-3279 Plumber: N/A Plumber Phone: N/A
 Authorized Agent: (Person Signing Application on behalf of Owner(s))
Cory Markham Agent Phone: 715-292-3279 Agent Mailing Address (include City/State/Zip): 29189 US Hwy 2 W1 54804 Written Authorization Attached Yes No

PROJECT LOCATION: SW 1/4, NE 1/4 Gov't Lot: 1 Lot(s): 1815 Vol & Page: 10, 348 Lot(s) No.: 04-0162460803 Block(s) No.: 10300021000 Subdivision: 2.56 ac Acreage: 2.56
 Section 3, Township 46 N, Range 08 W Town of: Delix Lot Size: 2.56 ac

Legal Description: (Use Tax Statement) SW 1/4, NE 1/4 PIN: (23 digits) 04-0162460803 Recorded Document: (i.e. Property Ownership) Page(s)

Distance Structure is from Shoreline: 100 feet
 Distance Structure is from Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material <u>\$ 10,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water				
							<input type="checkbox"/> Non-Shoreland <input checked="" type="checkbox"/> Shoreland → <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →			
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input 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"/> No Basement <input type="checkbox"/> Foundation	<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 type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> 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	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well				
							Length: <u>47</u>	Width: <u>33</u>	Height: <u>14</u>	
							Proposed Construction:	Length: <u>14</u>	Width: <u>14</u>	Height: <u>14</u>
							Existing Structure: (If permit being applied for is relevant to it)	Length: <u>47</u>	Width: <u>33</u>	Height: <u>14</u>

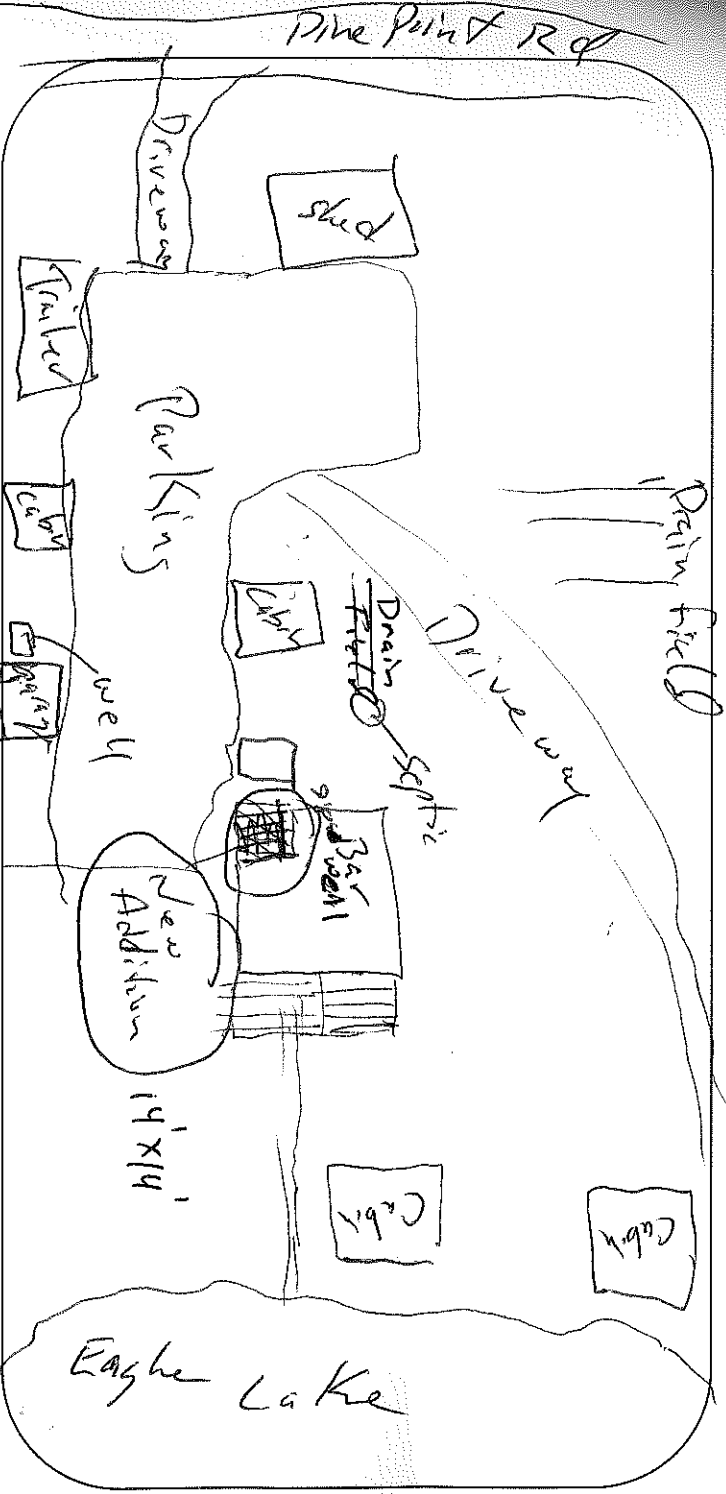
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for issuance <u>OCT 31 2016</u>	<input checked="" type="checkbox"/> Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with loft with a Porch with (2 nd) Deck with (2 nd) Deck with Attached Garage	() () () () () () () ()	<u>1355</u>
<input checked="" type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() () () ()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	() () () ()	()
	Addition/Alteration (specify) <u>NEW STORAGE AREA WITH</u>	() () () ()	<u>196</u>
	Accessory Building (specify)	() () () ()	()
	Accessory Building Addition/Alteration (specify)	() () () ()	()
	Special Use: (explain)	() () () ()	()
	Conditional Use: (explain)	() () () ()	()
	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): [Signature] Date 10-16-16
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: [Signature] Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit 29189 US Hwy 2, Ashland, WI 54806 Attach Copy of Tax Statement
 if you recently purchased the property send your Recorded Deed

Check 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%



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	330 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	330 Feet	Setback from the River Stream, Creek	N/A Feet
Setback from the North Lot Line	135 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	231 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	108 300 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	330 Feet	Elevation of Floodplain	40 Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	20 20 Feet
Setback to Drain Field	40 Feet		
Setback to Privy/Portable, Composting	N/A 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: 389337 # of bedrooms: 3 Sanitary Date: 10-1-01

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

Permit #: 10-0398 Permit Date: 10-31-16

Is Parcel a Sub-Standard lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes (fused/contiguous lot(s)) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: 9'8" to Show bldg only needs 5'

Date of Inspection: 10-26-16 Inspected by: _____

Condition(s): Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)
None

Signature of Inspector: [Signature] Date of Approval: 10-31-16

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