

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Dept.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 OCT 11 2016

Bayfield Co. Zoning Dept.

Permit #: 16-0417
 Date: 11-14-16
 Amount Paid: \$4800 1018-10
 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 →		<input checked="" type="checkbox"/> LAND USE	<input checked="" type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Garth and Jennifer Shipman			Mailing Address:		10598 Shneykedged Method, WI 54851	
Address of Property:		Schless Road			City/State/Zip:		Barnes, WI 54873	
Contractor:		Shipman			Contractor Phone:		715 8350347	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Shipman			Agent Phone:		715 8350347	
PROJECT LOCATION		Legal Description: (Use Tax Statement)			PIN: (23 digits)		04-004-2-44-01-04-1 05009 02300	
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
		9	2	1771	VID P.255			
Section <u>4</u> , Township <u>44</u> N, Range <u>9</u> W		Town of:		Barnes				
<input checked="" type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline:		Distance Structure is from Shoreline:		Distance Structure is from Shoreline:		Is Property in Floodplain Zone?
		feet		feet		feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Shoreland		Distance Structure is from Shoreline:		Distance Structure is from Shoreline:		Distance Structure is from Shoreline:		Are Wetlands Present?
		feet		feet		feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Recorded Document: (i.e. Property Ownership)		Volume		Subdivision:		Lot Size		Acres
								4.440

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>140,000</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 type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input checked="" type="checkbox"/> 3	Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Sanitary (Exists)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Portable (w/service contract)	
					<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: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/>	Principal Structure (first structure on property)	(<u>24</u> X <u>50</u>)	<u>1200</u>
<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	(<u>6</u> X <u>14</u>)	<u>84</u>
<input checked="" type="checkbox"/>	Residential Use with a Porch with (2 nd) Deck	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Commercial Use with Attached Garage	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Bunhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Mobile Home (manufactured date)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Addition/Alteration (specify)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Accessory Building (specify)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Rec'd for Issuance	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Special Use: (explain)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Conditional Use: (explain)	(<u> </u> X <u> </u>)	(<u> </u>)
<input type="checkbox"/>	Other: (explain)	(<u> </u> X <u> </u>)	(<u> </u>)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including an 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 upon 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.

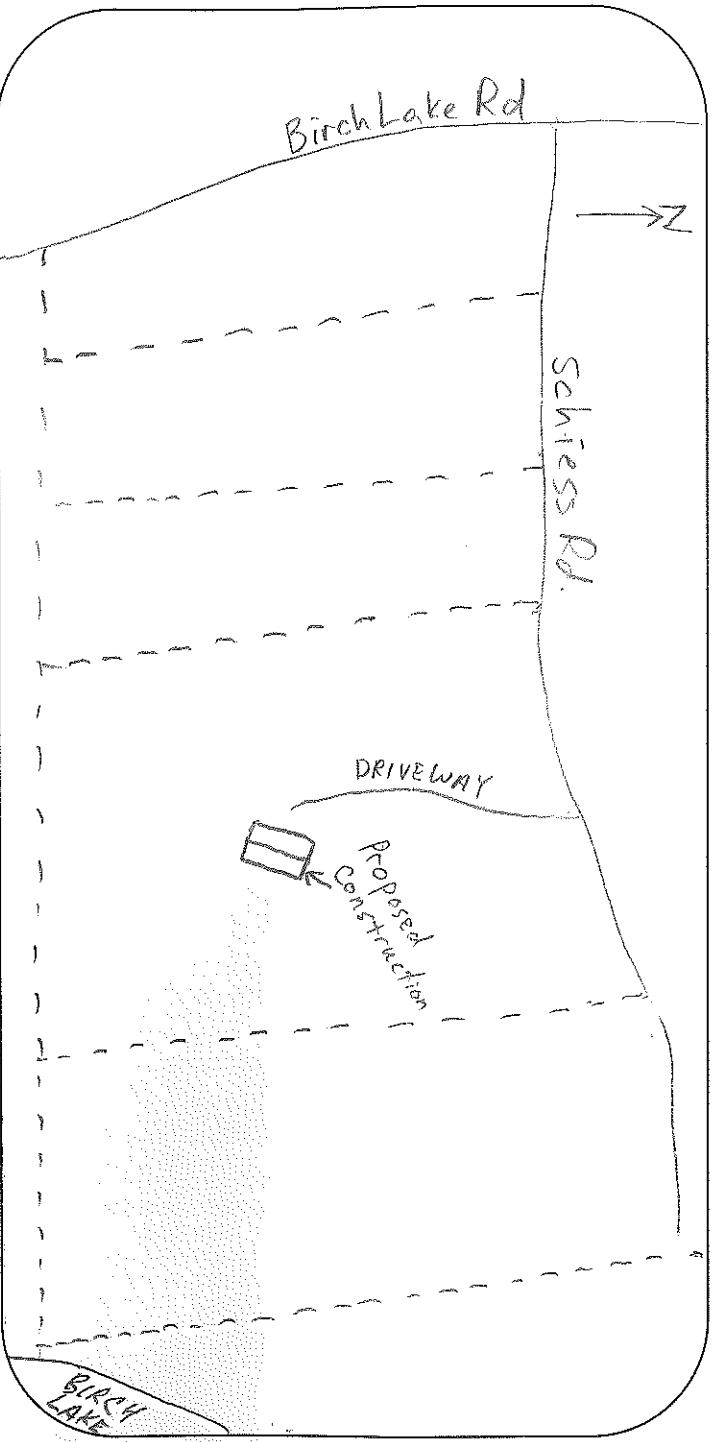
Owner(s): Garth & Jennifer Shipman Date 10-9-2016
 (if there are Multiple Owners listed on the Deed All Owners must sign or leave(s) of authorization must accompany this application)

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 10598 Shneykedged Method, WI 54851
 If you recently purchased the property send your Recorded Deed

Look 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	236 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	170 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	236 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	24 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	244 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field			
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).

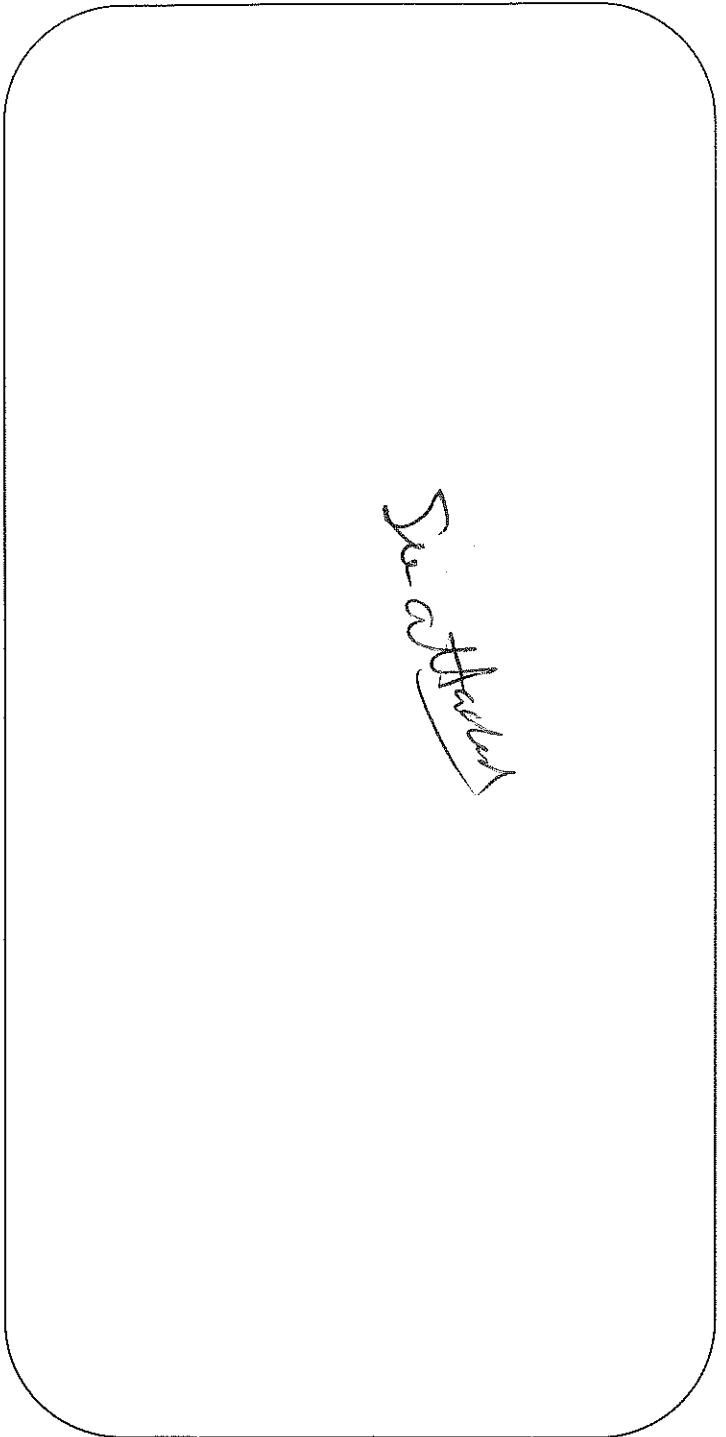
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Permit Number: <u>16-0412</u>	Sanitary Number: <u>1405</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____		Reason for Denial: _____		Permit Date: <u>11-14-16</u>	
Permit #: <u>16-0412</u>	Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is Parcel In Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Granted by Variance (B.O.A.)	Case #:		Case #:	
	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:		Zoning District (<u>ES</u>)			
Date of Inspection: <u>10-29-16</u>		Inspected by: <u>[Signature]</u>		Lakes Classification ()	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If NO they need to be attached.)		Date of Re-Inspection: _____			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>11-14-16</u>			
Hold For Sanitary: <input type="checkbox"/>	Hold For TRA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

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
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- (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 attached



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	N/A	Setback from the Lake (ordinary high-water mark)	30'
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	
Setback from the North Lot Line	900	Setback from the Bank or Bluff	
Setback from the South Lot Line	430	Setback from Wetland	
Setback from the West Lot Line	753	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	540	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

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.
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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: 327511 # of bedrooms: Sanitary Date: 5/10/2000
 Reason for Denial: Permit Denied (Date):

Permit #: 16-0498 Permit Date: 11-15-16

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previous/Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	WAS Property Surveyed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspected by:						
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Inspection Record: Staked + OK to start

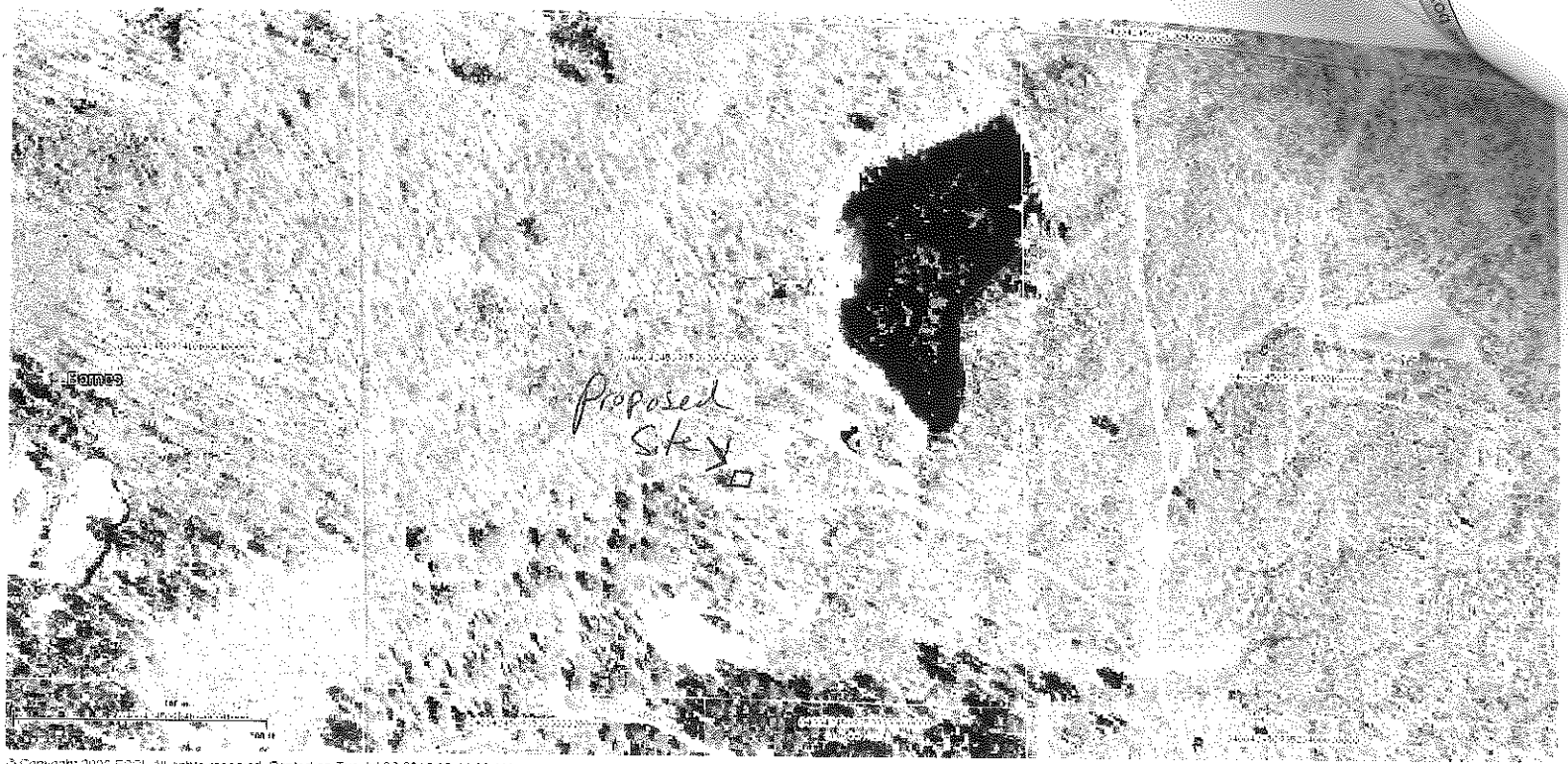
Date of Inspection: 8-27-16

Condition(s) Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)
 Not for human habitation
 No water under pressure

Signature of Inspector: *AGUY* Date of Approval: 8-3-16

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

Bayfield County, WI



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Look below for
Sky
(1) Sky
(2) Sky
(3) Sky
(4) Sky
(5) Sky