

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
 Date Stamp (received)
NOV 14 2016
 Bayfield Co. Zoning Dept.



Permit #:	16-0433
Date:	11-21-16
Amount Paid:	\$75,181.16
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 → <input checked="" type="checkbox"/> LAND USE <input 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: KENNETH + KISA HYDE	Mailing Address: 5260 SORENSON RD	City/State/Zip: PORT WING, WI 54865	Telephone: 715 372 5838
Address of Property: 5260 SORENSON RD	City/State/Zip: PORT WING, WI 54865	Contractor Phone: 715-990-3399	Plumber: 715 372 5838
Contractor: DUSTIN DANULA	Agent Phone: 715-990-3399	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (person Signing Application on behalf of Owner(s))	PIN: (23 digits) 04-030-2-44-09-26-3 03-000-10000	Recorded Document: (i.e. Property Ownership) Volume 990 Page(s) 252	Subdivision:
PROJECT LOCATION: SW 1/4, SW 1/4	Gov't Lot:	ESM:	Vol & Page:
Lot(s):	Block(s) No.:	Lot Size:	Acreage: 36
Section 26 , Township 49 N , Range 09 W	Town of: ORIENTA	Distance Structure: Is from Shoreline: 600' +/- feet	Distance Structure: Is from Shoreline: 80' +/- feet
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Non-Shoreland	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: \$ 2600	Project:	# of Stories and/or basement:	Use:	# of bedrooms:	What Type of Sewer/Sanitary System Is on the property?	City: <input type="checkbox"/> Well: <input checked="" type="checkbox"/>
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<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"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> YEAR TO	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> (New) Sanitary
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: HOLD TANK	<input type="checkbox"/> (New) Sanitary
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> (New) Sanitary
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> (New) Sanitary
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> (New) Sanitary
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> (New) Sanitary

Existing Structure: (if permit being applied for is relevant to it) Length: **30'** Width: **45'** Height: **9'**
 Proposed Construction: Length: **10'** Width: **45'** Height: **9'**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	Principal Structure (first structure on property)	()	()
<input type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/> Residential Use	with Loft	()	()
<input checked="" type="checkbox"/> Residential Use	with a Porch	()	()
<input checked="" type="checkbox"/> Residential Use	with (2 nd) Porch	()	()
<input type="checkbox"/> Residential Use	with a Deck	()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
<input type="checkbox"/> Commercial Use	Mobile Home (manufactured date)	()	()
<input checked="" type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(8 X 45')	450
<input type="checkbox"/> Municipal Use	Accessory Building (specify)	()	()
<input checked="" 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 paying 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.

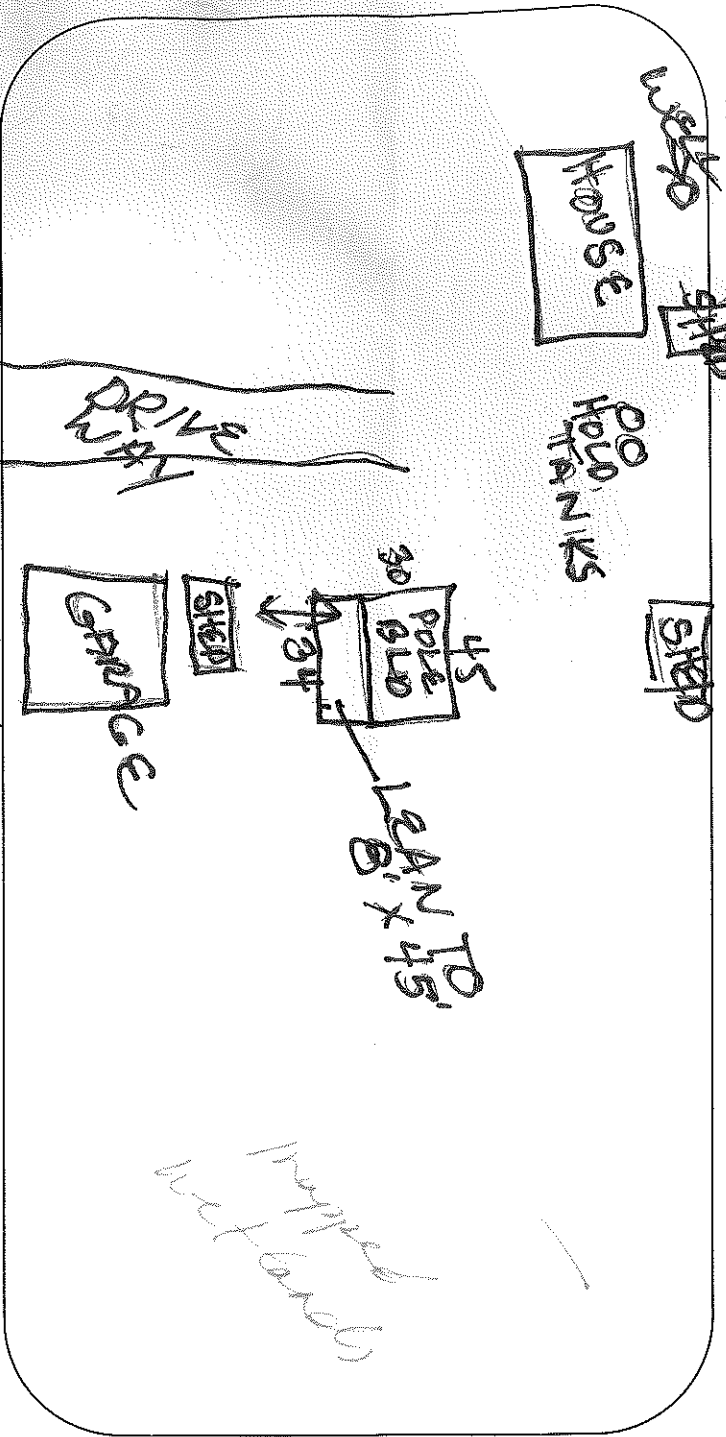
Owner(s): *Ken Hyde* *Kisa M. Hyde* Date *11-10-16*
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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: *5260 Sorensen Rd Port Wing WI 54865* 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 (*): (* Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show any (*): (* 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	Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	60'
Setback from the North Lot Line	1000 +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 +/- Feet	Setback from Wetland	100' Feet
Setback from the West Lot Line	650 +/- Feet	20% Slope Area on property	0' Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	650 +/- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	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 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: 875581	# of bedrooms: _____	Sanitary Date: 6.23.87
Permit Denied (Date): _____	Reason for Denial: _____	Permit Date: 1-21-16	Holding tank soil # 2050	
Permit #: 16-04933	Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership <input type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delimited <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <i>feels permit for holding tank on reserve to the surveyor previous w/ permit.</i>	Date of Inspection: 1-28-16	Inspected by: <i>TERESA BOGUE MURPHY</i>	Zoning District: E-1	Lakes Classification: 13-RIVER
Condition(s) of 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: _____	Date of Approval: 1-21-16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TIA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	