

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 Stamp: **RECEIVED**
SEP 08 2016
 Bayfield Co. Zoning Dept.

Permit #: **16-04HS**
 Date: **12-5-16**
 Amount Paid:
 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: **MAX TAUBERT** Mailing Address: **P.O. BOX 3000 BELL WI 548223200** Telephone: **360-301-1211**
 Address of Property: **22475 US Hwy 13** City/State/Zip: **Bell WI 548223200** Cell Phone:
88605 SUPERIOR AVE Contractor Phone:
COLNOCOPIA WI 54827 Agent Phone: **715-580-0574** Agent Mailing Address (include City/State/Zip): **COLNOCOPIA WI 54821** Written Authorization Attached Yes No
 Authorized Agent: (Person signing Application on behalf of Owner(s)) **BAEL BARZOSKY** PIN: (23 digits) **8136** Recorded Document (i.e. Property Ownership) Volume **968** Page(s) **88**

PROJECT LOCATION: Legal Description: (Use Tax Statement) **1/4, 1/4** Gov't Lot **3** Lot(s) **1-10** CSM **968.88** Vol & Page **1-10** Block(s) No. **4** Subdivision: **Village of COLNOCOPIA**
 Section **1/4**, Township **N**, Range **W** Town of: **BELL** Lot Size **1/4** Acreage

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Yes No
 Distance Structure is from Shoreline: **1000** feet
 Distance Structure is from Floodplain: **1000** feet
 Is Property in Floodplain Zone? No Yes

Are Wetlands Present? Yes No

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
\$	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Municipal/City (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or 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 checked="" type="checkbox"/> 2 LOT DIVISION					

Existing Structure: (if permit being applied for is relevant to it)
EXISTING STRUC. (HOUSE)
 Length: **712** Width: **32** Height: **12**
 Length: **75** Width: **40** Height: **26**

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 type="checkbox"/> Residential Use	with a Porch	()	()
<input type="checkbox"/> Residential Use	with (2 nd) Deck	()	()
<input type="checkbox"/> Residential Use	with a Deck	()	()
<input type="checkbox"/> Residential Use	with Attached Garage	()	()
<input type="checkbox"/> Residential Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	()
<input type="checkbox"/> Residential Use	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Residential Use	Addition/Alteration (specify)	()	()
<input type="checkbox"/> Residential Use	Accessory Building (specify)	()	()
<input type="checkbox"/> Residential Use	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Residential Use	Special Use: (explain)	()	()
<input type="checkbox"/> Residential Use	Conditional Use: (explain)	()	()
<input checked="" type="checkbox"/> Residential Use	Other: (explain) SEE PERMIT 1 CORRECTIONAL INSTITUTE	()	()

Permit for **RESIDENTIAL USE**
DEC 05 2015
Special Use

Other: (explain) **SEE PERMIT 1 CORRECTIONAL INSTITUTE**

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) 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.

Owners: **MAX TAUBERT** Date: **9/2/16**
 (if there are Multiple Owners listed on the Deed All Owners must sign and consent to authorization must accompany this application)
 Authorized Agent: **Max Taubert** Date: **9/2/16**
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit **P.O. Box 3000 Bell WI 54822-3200**
 Attach **Copy of Tax Statement**
 If you recently purchased the property send your Recorded Deed

See 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%

SEE B.O.D. APPLICATION

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BENTON CO. Zoning Dept.

Please complete (1) - (7) above (prior to completing) **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	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	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 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 #: 16-0445	Permit Date: 12-5-16					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Confidential	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> Yes Variance	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #: 16-0413	Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was Property Surveyed		
Inspection Record: Existing Structures as represented on Survey	Inspected by: Robert Schieferman					
Date of Inspection:	Zoning District: (C)		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) Per Decision of Board of Adjustments decision dated 11/2/2016						
Signature of Inspector:				Date of Approval: 12/5/16		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. _____

LOTS 1 - 10, BLOCK 4, MAP OF CORNUCOPIA,
GOVERNMENT LOT 3, SECTION 34, TOWNSHIP 51 NORTH, RANGE 6 WEST,
TOWN OF BELL, BAYFIELD COUNTY, WI.

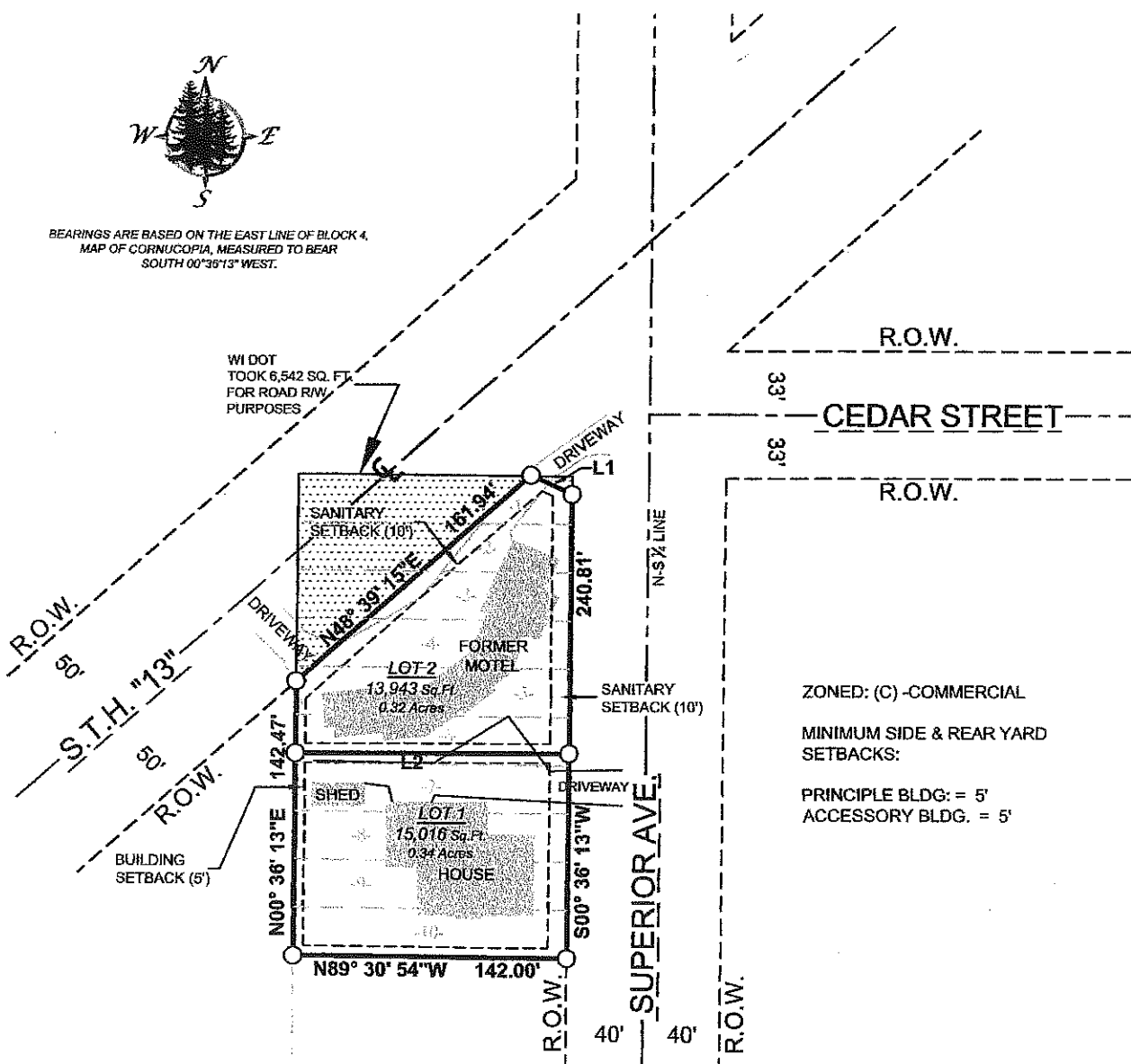
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BEARINGS ARE BASED ON THE EAST LINE OF BLOCK 4,
MAP OF CORNUCOPIA, MEASURED TO BEAR
SOUTH 00°36'13" WEST.

WI DOT
TOOK 6,542 SQ. FT.
FOR ROAD R/W
PURPOSES



ZONED: (C) -COMMERCIAL

MINIMUM SIDE & REAR YARD
SETBACKS:

PRINCIPLE BLDG. = 5'
ACCESSORY BLDG. = 5'

LINE TABLE

LINE	BEARING	DISTANCE
L1	S65°22'16"E	23.61'