

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
 RECEIVED
 AUG 15 2016
 Bayfield Co. Zoning Dept.

Permit #:	16-0451
Date:	12-13-16
Amount Paid:	\$75 8-26-16
Refund:	BWD 12-13-16

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: JAN HADSGROVE MARSH LANE, LLC Mailing Address: 569 SPRUCE CIRCLE ENGAN MN 55123 Telephone: 651-4930342

Address of Property: 45360 MARSH LANE City/State/Zip: CABLE WI 54821 Cell Phone: 651-3996928

Contractor: SCOTT BYRD CONSTRUCTION Contractor Phone: 75492484 Plumber: ANDREY BASHMUSSEN Plumber Phone: 757983355

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: Legal Description: (Use Tax Statement) _____ PIN: (23 digits) 04-034-2-43-06-04-405-209-1000 Recorded Document: (i.e. Property Ownership) Volume: 1162 Page(s): 481

Section 4, Township 43 N, Range 6 W Town of: WANAUKA RDN Lot Size 84,800sqft Acreage 1.95 ACRES

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Floodplain Zone? Yes No

Distance Structure is from Shoreline: 77 feet

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
\$20,000-	<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 checked="" type="checkbox"/> REPAIR DECK POSTS	<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 checked="" type="checkbox"/> FOUNDATION	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CON</u> <input type="checkbox"/> Privy (Priv) 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

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 18 Height: 12' above ground

Proposed Construction: Length: 43 Width: 16 Height: 12'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Usage	Principal Structure (first structure on property)	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	with Loft	() X ()	()
	with a Porch	() X ()	()
	with (2 nd) Porch	() X ()	()
	with a Deck	() X ()	()
	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Special Use	with Attached Garage	() X ()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date) _____	() X ()	()
	Addition/Alteration (specify) _____	() X ()	()
	Accessory Building (specify) _____	() X ()	()
	Accessory Building Addition/Alteration (specify) _____	() X ()	()
	Special Use: (explain) _____	() X ()	()
	Conditional Use: (explain) _____	() X ()	()
	Other: (explain) <u>REPAIR EXISTING DECK</u>	(43 X 16)	688

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 design 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 any error or omission 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 all reasonable time for the purpose of inspection.

Owner(s) [Signature] Date 8.15.16.
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

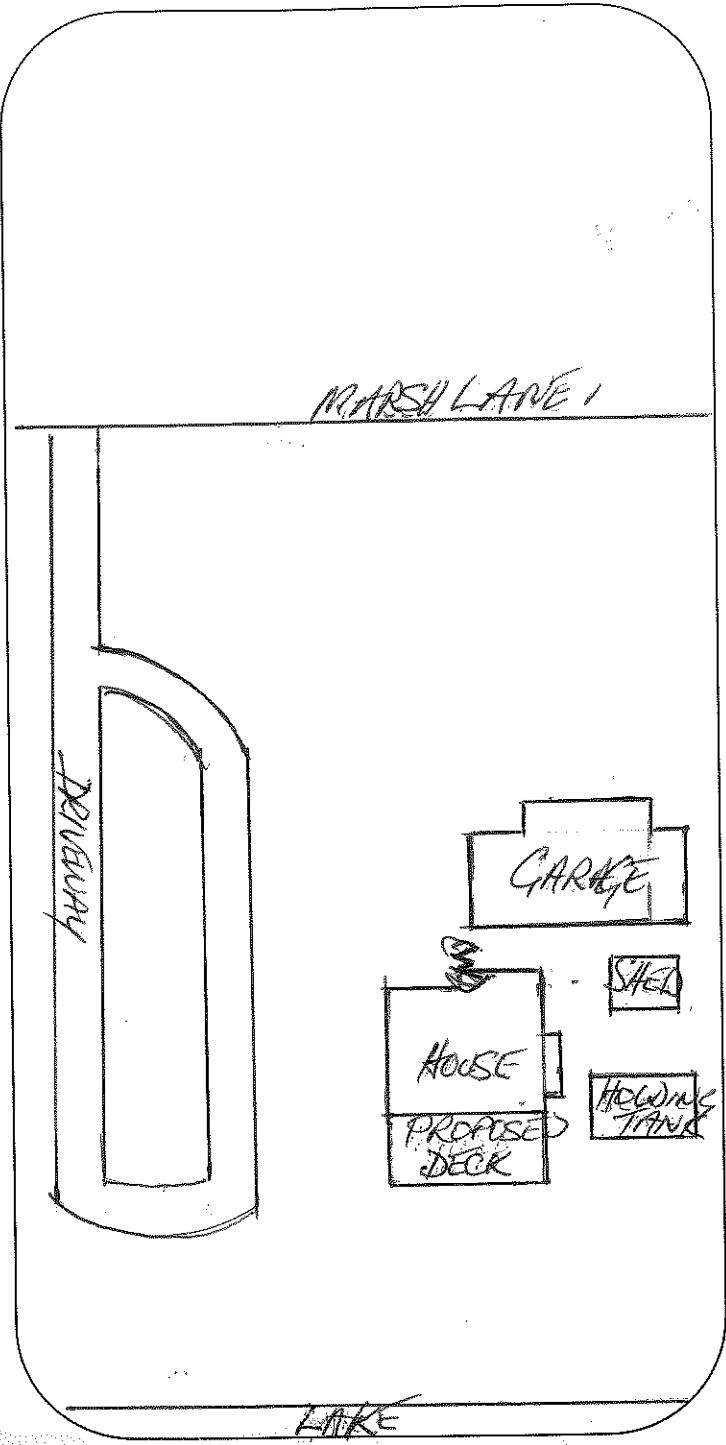
Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 569 SPRUCE CIRCLE, ENGAN MN 55123 Attach Copy of Tax Statement
 (If you recently purchased the property send your Recorded Deed

75.00 here OKH 12780
 ENTERED

Below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



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	Feet	Setback from the Lake (ordinary high-water mark)	77 Feet
Setback from the Established Right-of-Way	133 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	156 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	85 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	59 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	59 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	74 Feet	Setback to Well	30 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: 16645 # of bedrooms: 5 Sanitary Date: _____

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

Permit #: 16-0451 Permit Date: 12-18-16

Is Parcel a Sub-Standard Lot: Yes (Deed of Record) No

Is Parcel in Common Ownership: Yes (Fused/contiguous lot(s)) No

Is Structure Non-Conforming: Yes Wetlands No

Granted by Variance (B.O.A.): Yes No Case #: _____ d by Variance (B.O.A.): _____ Case #: _____

Was Parcel Legally Created: Yes No

Were Property Lines Represented by Owner: Yes No

Was Proposed Building Site Delineated: Yes No

Were Property Lines Surveyed: Yes No

Inspection Record: _____

Date of Inspection: 8/3/16 Inspected by: Sperry

Zoning District: (B1)

Lakes Classification: (1)

Date of Re-Inspection: _____

Conditions(s): Town, Committee or Board Conditions Attached? Yes No (if No they need to be attached.)

Wast gas WDC

Signature of Inspector: [Signature] Date of Approval: 8/3/16

Hold For Salary: Hold For TBA: Hold For Affidavit: Hold For Fees:

@ October 2013 Carmody opens Septic. Owner said new 44g Tank is pending install